

P00000065445

TRANSMITTAL LETTER

FILED
00 JUL - 7 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Medline Transport and Medical Supply

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500003304535--7
-06/26/00--01100--011
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Leslie Davis
Name (Printed or typed)

603 E Chelsea St
Address

Tampa Florida 33603
City, State & Zip

813-238-8637
Daytime Telephone number

* Added
Corporate Suffix
to corporation
did not reach
phone; lost my
note; ok

200



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 28, 2000

LESLIE DAVIS
603 E. CHELSEA ST.
TAMPA, FL 33603

SUBJECT: FLORIDA MEDICAL TRANSPORTATION CORPORATION
Ref. Number: W00000016506

We have received your document for FLORIDA MEDICAL TRANSPORTATION CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

I called the telephone number listed on your Transmittal Letter but I was unable to reach anyone.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6930.

Carolyn Gurr
Document Specialist

Letter Number: 300A00036572

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Medline Transport and Medical Supply Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

603 E Chelsea St
Tampa Fl 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transport Medical Clients and Merchandise

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Leslie Davis
603 E Chelsea St
Tampa Fl 33603

Robert Davis
Palm Apt
Tampa Fl

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Leslie Davis
603 E Chelsea St.
Tampa Fl. 33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leslie Davis
603 E Chelsea St
Tampa Fl. 33603

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Leslie Davis
Signature/Registered Agent

6-19-2000
Date

Leslie Davis
Signature/Incorporator

6-19-2000
Date