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TRANSMITTAL LETTER

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

FILED
01 FEB -5 PM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: MED-TRANS SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: RAY SARMIENTO
Name (Printed or typed)

824 PAUL STREET
Address

ORLANDO, FL 32808
City, State & Zip

407-291-3821
Daytime Telephone number

300003632513--9
-02/05/01--01028--006
*****78.75 *****78.75

NOTE: Please provide the original and one copy of the articles.

✓
2-7-01
mc

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:

MED-TRANS SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

824 PAUL STREET
ORLANDO, FL. 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES,
THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTRY, TERRITORY
OR NATION.

ARTICLE IV SHARES

The number of shares of stock is:

1500 SHARES OF COMMON STOCK HAVING NO PAR VALUE.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

RAY SARMIENTO
569 NORTHBRIDGE DRIVE
ALTAMONTE SPRINGS, FL. 32714

ARTICLE VI REGISTERED AGENT

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

RAY SARMIENTO
569 NORTHBRIDGE DRIVE
ALTAMONTE SPRINGS, FL. 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAY SARMIENTO
569 NORTHBRIDGE DRIVE
ALTAMONTE SPRINGS, FL. 32714

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
01 FEB -5 PM 8:37
SECRETARY OF STATE
TALLAHASSEE, FL 32304