

OFFICE USE ONLY Document #

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

000003656770--9

-02/08/01--01003--006

OFFICE USE ONLY

\*\*\*\*\*78.75

\*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. T.M.S-TRANSPORTATION MEDICAL SERVICES, INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input checked="" type="checkbox"/>	Other

FILED  
01 FEB -7 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
02 -7 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

## **ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED  
01 FEB - 7 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### **ARTICLE I - NAME**

The name of the corporation shall be:

T.M.S - TRANSPORTATION MEDICAL SERVICES, INC.

### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

13499 N.E. BISCAYNE BLVD. SUITE 205  
N. MIAMI, FL, 33181

### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:


1,000

### **ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

RENATO H. CHIAPPE  
13499 N.E. BISCAYNE BLVD. SUITE 205  
N. MIAMI, FL, 33181

The undersigned incorporator has executed these Articles of Incorporation  
this       day of       February       2001

  
Signature

***ARTICLE V – INCORPORATOR***

The name and street address of incorporator to these Articles of Incorporation is:

RENATO H. CHIAPPE  
13499 N.E. BISCAYNE BLVD. SUITE 205  
N. MIAMI, FL, 33181

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***ARTICLE VI – DIRECTOR(S)***

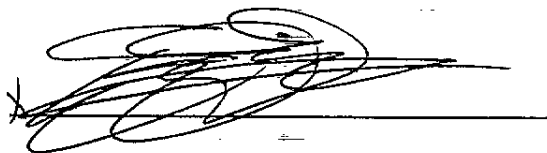
The name(s) and street address(es) to these Articles of Incorporation is (are):

President : RENATO H. CHIAPPE  
13499 N.E. BISCAYNE BLVD. SUITE 205, N. MIAMI, FL, 33181

Vicepresident : JULIO A. HUARTE  
13499 N.E. BISCAYNE BLVD. SUITE 205, N. MIAMI, FL, 33181

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE.**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent



Registered Agent Signature

**FILED**  
01 FEB -7 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA