

TRANSMITTAL LETTER

P010000/8606

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

800003719058--6  
-02/19/01--01133--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: S.R.S Ambulette Services, Inc.  
(Proposed corporate name - must include suffix)

FILED  
01 FEB 19 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Norma Yvonne Hanson  
Name (Printed or typed)  
  
6508 Spring Glade Court  
Address  
  
Orlando, Fl. 32818  
City, State & Zip  
  
1-407 654-3481  
Daytime Telephone number

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

**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:

S.R.S Ambulette Services, Inc.

FILED  
01 FEB 19 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6508 Spring Glade Court  
Orlando, Fl. 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Transport

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Norma Yvonne Hanson  
6508 Spring Glade Court  
Orlando, Fl. 32818

ARTICLE VI REGISTERED AGENT

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

Norma Yvonne Hanson  
6508 Spring Glade Court  
Orlando, Fl. 32818

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Norma Yvonne Hanson  
6508 Spring Glade Court  
Orlando, Fl. 32818

\*\*\*\*\*  
*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*

Norma Hanson  
Signature/Registered Agent

02/14/01  
Date

Norma Hanson  
Signature/Incorporator

02/14/01  
Date