

TRANSMITTAL LETTER

PO1000049658

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

SUBJECT:

C. Ross Transportation Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200004139522--7
-05/07/01--01117--010
*****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:

Candi Ross

Name (Printed or typed)

5420 35th Way North

Address

St. Petersburg Florida 33714

City, State & Zip

727 - 422-0248

Daytime Telephone number

2001 MAY -4 AM 9:37
RECEIVED
TALLAHASSEE FLORIDA
SECRETARY OF STATE

625-524
601-10725
167-625-524

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

5/18/01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

2001 MAY -4 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

May 11, 2001

CANDI ROSS
5420 35TH WAY NORTH
ST. PETERSBURG, FL 33714

SUBJECT: C. ROSS TRANSPORTATION INC
Ref. Number: W01000010725

We have received your document for C. ROSS TRANSPORTATION INC.
However, the document has not been filed and is being returned for the following:

SHARES OF STOCK CANNOT BE IN PERCENTAGE FORM.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 487-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 601A00028500

ARTICLES-OF INCORPORATION

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

EFFECTIVE DATE

4/27/01

ARTICLE I NAME

The name of the corporation shall be: C. Ross Transportation Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 5420 35th way North
St. Petersburg, Florida 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Transportation
For Medicaid Waiver,
Consumers.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

N/A

FILED
2001 MAY -4 AM 9:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Candi Ross
5420 35th way North
St. Petersburg Florida 33714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Candi Ross
5420 35th way North
St. Petersburg Florida 33714

Effective Date: April 27, 2001

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

Candi Ross
Signature/Registered Agent

05-04-01
Date

Candi Ross
Signature/Incorporator

05-04-01
Date