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**TRANSMITTAL LETTER**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**SUBJECT:** All County Ambulance, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004564273--0

-08/30/01--01062--005

\*\*\*\*\*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:** Barry W. Irwin

Name (Printed or typed)

6108 DeLeon Ave.

Address

Ft. Pierce, Fl. 34951

City, State & Zip

1-561-466-0774

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:

All County Ambulance, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3050 Airman's Drive  
Ft. Pierce, Fl. 34946

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all lawful business

## ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Barry W. Irwin  
6108 DeLeon Ave.  
Ft. Pierce, Fl. 34951

Patricia A. Irwin  
6108 DeLeon Ave.  
Ft. Pierce, Fl. 34951

Maria G. Irwin  
402 NW 23 rd Ln.  
Okeechobee, Fl. 34972  
Barry W. Irwin II  
402 N.W. 23 rd Ln.  
Okeechobee, Fl. 34972

## ARTICLE VI REGISTERED AGENT

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

Barry W. Irwin  
6108 DeLeon Ave.  
Ft. Pierce, Fl. 34951

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barry W. Irwin  
6108 DeLeon Ave.  
Ft. Pierce, Fl. 34951

\*\*\*\*\*

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

  
Signature/Incorporator

8/15/01  
Date

8/15/01  
Date

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