	TRANSMIT	TAL LETTER	-
Department State Defision of Corporat P. D. Box 327 dlahaste, F. 23	ULL	30	
SUBJECT:	ODE 3 SENVIO (PROPOSÉD CORPORA)	E NAME - MUST INCL	UDE SUFFIX
		6000045 -02/19/ ******	9525763 /0201021002 /8.75 ******78.75
Enclosed are an original	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	♣ \$78.75Filing Fee& Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	MINIA Z TAC Name (12035 JAT SPANG HIL City, 1 352-Web.	DE AUE	SECRETARY OF STATE
-	352 - Wolb - Daytime Te	- 3694 elephone 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: CODE 3 SERVICES OF TAMPA BAY PA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: \2035 JADE AJE 5PANG HILL FL 34609
ARTICLE III PURPOSE The purpose for which the corporation is organized is: MEDICAL SERVICES
ARTICLE IV SHARES The number of shares of stock is: 500
The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: NITA TAYLOR 15 CHATSWORTH LANE
15 CHATSWORTH LANE
FLAGLER BEACH (32136
ARTICLE VII INCORPORATOR
TWO THE COLOR
12035 JADE AVE SPORNG HILL FL 34609

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 1-30-02 Date
Signature/Incorporator 1/30/02 Date

Date '