PODDO 105658 TRANSMITTAL LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P O Box 6327 Tallahassee F1 32314

.400008069074--2 -09/27/02--01020--015 *****78.75 *****78.75

SUBJECT:

UNITED FIRST AID OF FLORIDA, INC.

(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$78.75 Filing Fee and Certificate

FROM:

ASHLEY M. CORTES

15201 N. CLEVELAND AVENUE N. FORT MYERS, FL. 33903

N/A

Daytime Telephone number

Thank you.

10-1-02

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ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: UNITED FIRST AID OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

15201 N Cleveland Avenue PMB #207 N..Fort Myers, Fl. 33903

ARTICLE III SHARES

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

One Hundred Shares (100), no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ashley M. Cortes 15201 N. Cleveland Avenue PMB #207 N. Fort Myers, Fl. 33903

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Ashley M. Cortes 15201 N. Cleveland Avenue PMB #207 N. Fort Myers, Fl. 33903

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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SECKETANY OF STATE
TALL ALLASSES.