

PO3000124221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

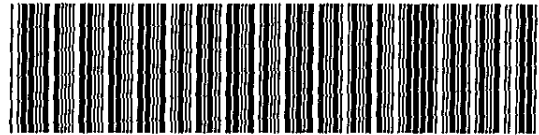
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 OCT 27 PM 6:14

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## TRANSMITTAL LETTER

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

**SUBJECT:** Health Management Transport, Inc.  
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are 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:** Juan Carlos Campos  
Name (Printed or typed)

861 S.W. 8 Street  
Address

Miami, Florida 33130  
City, State & Zip

(786) 512-6123  
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:

Health Management Transport, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

861 S.W. 8 Street  
Miami, Florida 33130

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

### ARTICLE IV SHARES

The number of shares of stock is:

1200

### 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:

Denio Odoardo  
861 S.W. 8 Street  
Miami, Florida 33130

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan Carlos Campos  
861 S.W. 8 Street  
Miami, Florida 33130

\*\*\*\*\*

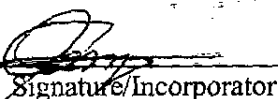
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Signature/Registered Agent

Date

10-23-03



Signature/Incorporator

Date

10/23/03

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03 OCT 27 PM 6:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA