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2003 NOV -5 PM 3:53  
STATE  
TALLAHASSEE FLORIDA

11/7/03

**TRANSMITTAL LETTER**

**FILED**

2003 NOV -5 PM 3: 53

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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

**SUBJECT:** Allied Medical Service, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jason Coment  
Name (Printed or typed)

10446 117th Dr. N.  
Address

Largo, FL 33773  
City, State & Zip

727-392-1167  
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:  
Allied Medical Service, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
10446 117th Dr. N.  
Largo, FL 33773

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Any lawful purpose or purposes

### **ARTICLE IV SHARES**

The number of shares of stock is:  
1,000,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Jason Coment	Jeff Brockman
CEO & President	COO & Vice President
10446 117th Dr. N.	9337 Zamora Dr.
Largo, FL 33773	New Port Richey, FL 34655

### **ARTICLE VI REGISTERED AGENT**

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

Jason Coment  
10446 117th Dr. N.  
Largo, FL 33773

### **ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Jason Coment  
10446 117th Dr. N.  
Largo, FL 33773

\*\*\*\*\*

*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

11/01/03

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/01/03

\_\_\_\_\_  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA