

PO3000 147362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

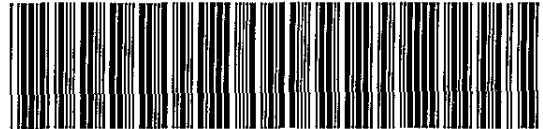
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 DEC -8 PM 3:43

~~PO3000 147362~~  
1/12/9

## TRANSMITTAL LETTER

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

SUBJECT: AIR-MEDICS, 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: AIR-MEDICS, INC  
Name (Printed or typed)

11213 W. ATLANTIC Blvd #303  
Address

CORAL SPRINGS, FL 33071  
City, State & Zip

954-753-3031  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

Nov 13 03 09:48p

tim swaffor

954-753-3031

p.1



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 7, 2003

AIR-MEDICS, INC.  
11213 W. ATLANTIC BLVD.  
#303  
CORAL SPRINGS, FL 33071

SUBJECT: AIR-MEDICS, INC.  
Ref. Number: W03000033040

*After Phil's  
from Air-Medics  
Tim*

We have received your document for AIR-MEDICS, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P99000096285.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Document Specialist  
New Filings Section

Letter Number: 903A0006083

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 DEC -8 PM 5:35

RECEIVED

**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:

A.R-MEDICS FT LAUDERDALE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

11213 W ATLANTIC BLVD  
#303  
CORAL SPRINGS FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEW CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 @ .01 per share

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

TIM SWAFFORD - OWNER  
11263 W ATLANTIC BLVD  
#303  
CORAL SPRINGS, FL 33071

**ARTICLE VI REGISTERED AGENT**

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

TIM SWAFFORD -  
11263 W. ATLANTIC BLVD  
#303  
CORAL SPRINGS FL 33071

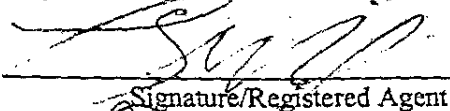
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

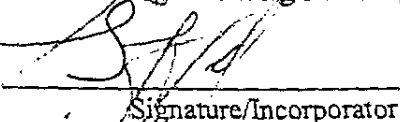
TIM SWAFFORD  
11263 W. ATLANTIC BLVD  
#303  
CORAL SPRINGS FL 33071

\*\*\*\*\*

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

12/1/03  
\_\_\_\_\_  
Date

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

12/1/03  
\_\_\_\_\_  
Date

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