

P04000048946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

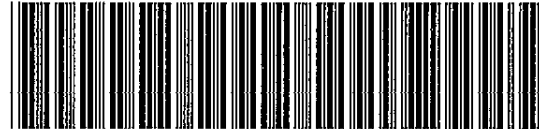
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 18 AM 6:47
TALLAHASSEE, FLORIDA
STATE
SECRETARY OF STATE

RECEIVED
04 MAR 18 PM 12:00
TALLAHASSEE, FLORIDA
STATE
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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ALL STATE MEDICAL TRANSPORT CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be;

ALL STATE MEDICAL TRANSPORT CORP

ARTICLE II PRINCIPAL OFFICE

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

2644 W 72 Place
Hialeah Fl. 33016

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is; 500 shares value of \$ 1.00

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ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

BELKIS ARMAS 2644 W 72 Place
Hialeah Fl 33016



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

Belkis Armas 2644 W 72 Place
Hialeah Fl 33016

ARTICLE VI DIRECTOR(S)

The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

Belkis Armas 2644 W 72 Place
Hialeah Fl 33016

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 12 day of MARCH, 2004



SIGNATURE

PRESIDENT VICE PRESIDENT
TREASURY SECRETARY

Belkis Armas

2644 W 72 Place
Hialeah Fl 33016

SIGNATURE

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuan to the provision of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida,

1.- The name of the corporation is; _____
ALL STATE MEDICAL TRANSPORT CORP

2.- The name and address of the registered agent and office is

BELKIS ARMAS
NAME
2644 W 72 Place
P.O. BOX NOT ACCEPTABLE
Hialeah FL 33016
CITY/STATE/ZIP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON 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 ABLIGATIONS OF MY POSITION AS REG

SIGNATURE

12 day of MARCH, 20 04