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(Requestor's Name)

(Address)

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01 JUL 30 PM 4:17

7/30/04

TRANSMITTAL LETTER

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

SUBJECT: PRONTO MEDICAL TRANSPORTATION CO.
(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: ORLANDO CUBILLAS
Name (Printed or typed)

5511 NW 50 Ave
Address

Tamarac, FL. 33319
City, State & Zip

954- 731- 5879
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)

04 JUL 30 PM 4:18
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:
PRONTO MEDICAL TRANSPORTATION CO.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
5511 NW 50 Ave. / Tamarac, FL. 33319

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TRANSPORTING NON-EMERGENCY PATIENTS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
ORLANDO CUBILLAS CEO, PRESIDENT
5511 NW 50 Ave. Tamarac, FL. 33319

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:
Orlando Cubillas
5511 NW 50 Ave Tamarac, FL. 33319

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Orlando Cubillas
5511 NW 50 Ave. Tamarac, FL. 33319

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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 — 7/27/2004 Date

Signature/Incorporator — 7/27/2004 Date