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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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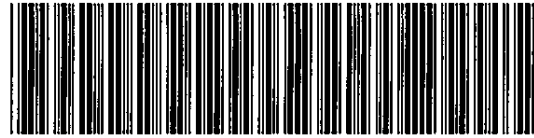
(Business Entity Name)

(Document Number)

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

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05/22/06--01062--022 \*\*78.75

FILED  
06 MAY 22 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 24 2006

## TRANSMITTAL LETTER

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

SUBJECT: TRANSPORTE MEDICAL, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$70.00<br>Filing Fee | <input checked="" type="checkbox"/> \$78.75<br>Filing Fee<br>& Certificate | <input type="checkbox"/> \$122.20<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$131.25<br>Filing Fee,<br>Certified Copy<br>& Certificate |
|--|--|---|---|

FROM: MICHAEL HERNANDEZ  
Name (Printed or typed)

14316 SW 52ND STREET  
Address

MIAMI, FLORIDA 33175  
City, State & Zip

(786) 277-6860  
Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

# ARTICLES OF INCORPORATION

*The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:*

## ARTICLE I

### Name

The name of the corporation shall be:

TRANSPORTE MEDICAL, INC.

## ARTICLE II

### Principal place of business and mailing address

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

14316 SW 52ND STREET

MIAMI, FLORIDA 33175

## ARTICLE III

### Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR  
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED  
STATES AND THE STATE OF FLORIDA

## ARTICLE IV

The officers of the corporation shall be:

President:	<u>MICHAEL HERNANDEZ</u>
Vice	<u>MICHAEL HERNANDEZ</u>
Treasurer:	<u>MICHAEL HERNANDEZ</u>

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TALLAHASSEE, FLORIDA

Filing Fee &  
CERTIFICATE: \$78.75

## Limitation of Corporate Powers

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

**Initial registered agent and street address**

MIAMI, FLORIDA 33175

## Incorporators

MIAMI, FLORIDA 33175

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER 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: TRANSPORTE MEDICAL, INC.  
(must include suffix)

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

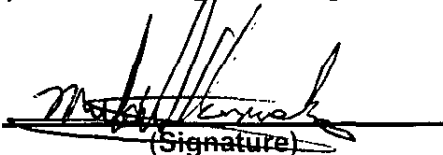
MICHAEL HERNANDEZ  
(Name)

(Street address - P.O. Box or Mail Drop Box NOT acceptable)

14316 SW 52ST Miami, Florida 33175  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above  
stated corporation 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 obligations of my  
position as registered agent.*

  
(Signature)

05/20/06  
(Date)