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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

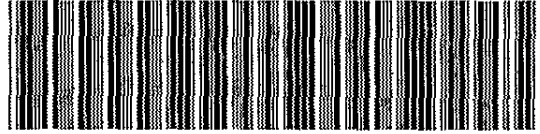
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 9:07

D. Brown AUG 15 2006

TRANSMITTAL LETTER

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

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

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

CHRIS BILLINGER

Name (printed or typed)

120 SW 7 TERRACE

Address

HALLANDALE BEACH, FL 33009

City, State & Zip

954-457-6777

Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 14 AM 9:08

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:

EMERGENCY MEDICAL CERTIFICATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

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

*120 SW 7 TERRACE
HALLANDALE BEACH, FL 33009*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*CHRIS BILLINGER
120 SW 7 TERRACE
HALLANDALE BEACH, FL 33009*

ARTICLE V INCORPORATOR(S)


See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):


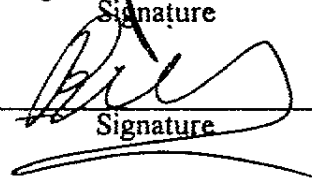
- ① Chris Billinger, PRESIDENT
120 SW 7 TERRACE
HALLANDALE BEACH, FL 33009
- ② Nelsy Billinger, VICE PRESIDENT
120 SW 7 TERRACE
HALLANDALE BEACH, FL 33009

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of August, 2006.



Signature

Signature

Signature

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: EMERGENCY Medical Certifications, Inc.
2. The name and address of the registered agent and office is:

Chris Billinger
(NAME)

120 SW 7 TERRACE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

HALLANDALE BEACH, FL 33009
(CITY/STATE/ZIP)

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)

08/09/2006
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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DIVISION OF CORPORATIONS
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