

P06000135942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

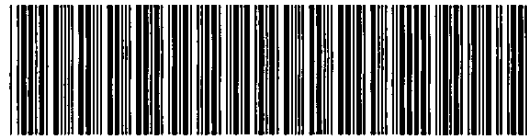
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2006 OCT 26 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Complete CARE Transport, 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
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: LUCINDA L. LOWE
Name (Printed or typed)

170 S.W. PHEASANT WAY
Address

LAKE CITY FL 32024
City, State & Zip

386-961-9015
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)

ARTICLE I NAME

The name of the corporation shall be:

Complete CARE Transport, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

170 S.W. PHEASANT WAY
LAKE City FL 32024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON-EMER. MEDICAL TRANSPORT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Pres.: Lucinda L. Lowe - 170 SW. PHEASANT WAY
LAKE City FL 32024

V. Pres: "

Secy: "

Tres: "

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

M. Virginia Tiner
2812 S. MARION AVE
LAKE City FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUCINDA L. LOWE
170 S.W. PHEASANT WAY
LAKE City FL 32024

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

M. Virginia Tiner

Signature/Registered Agent

10/24/06

Date

Lucinda L. Lowe

Signature/Incorporator

10/24/06

Date

2006 OCT 26 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED