

# **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : XIOMARA LEE, P.A.

Account Number : 120040000008 Phone : (305)262-2323

Fax Number : (305)262-2324



## GREAT MEDICAL TRANSPORTATION CORP

P-MENT -	
Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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ARTICLES OF I	INCORP	ORA	MOIT
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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be: GREAT MEDICAL TRANSPORTATION CORP

## PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 5930 SW 94 PL MIAMI, FL 33173

### ARTICLE III <u>PURPOSE</u>

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

#### ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARTHA RODRIGUEZ (PRESIDENT)

5930 SW 94 PL

KENIA RODRIGUEZ(V/PRESIDENT)

MIAMI, FL 33173

5930 SW 94 PL MIAMI, FL 33173

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARTHA RODRIGUEZ 5930 SW 94 PL MIAMI, FL 33173

### INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

MARTHA RODRIGUEZ 5930 SW 94 PL MIAM!, FL 33173

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

08-28-2007 stered Agent Date 08-28-2007 Signature/Incorporator Date

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