

P08000011219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

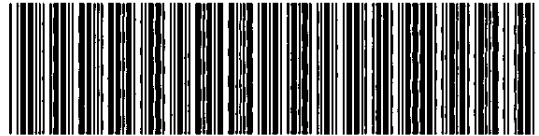
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W08-4245

Office Use Only



700114698177

01/24/08--01018--021 **87.50

FILED

2008 JAN 30 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 30 2008

COVER LETTER

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

SUBJECT: (one used)
MEDTRANS S-Corp.
(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: Keith B. Miller
Name (Printed or typed)

6839 Knightswood Dr
Address

Orlando, FL 32818
City, State & Zip

407-797-8674
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2008

KEITH B. MILLER
6839 KNIGHTSWOOD DR
ORLANDO, FL 32818

SUBJECT: MEDTRANS CORP.
Ref. Number: W08000004245

We have received your document for MEDTRANS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 908A00005475

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: Florida Medtrans Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 6839 Knightswood Dr
Orlando, Fl 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 30

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Keith B. Miller
6839 Knightswood Dr
Orlando, Fl. 32818
(Director)

Nehemiah G. Miller
6839 Knightswood Dr
Orlando, Fl 32818
(Director)

Latencia T. Miller
6839 Knightswood Dr
Orlando, Fl. 32818
(Director)

FILED
2008 JAN 30 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Keith B. Miller
6839 Knightswood Dr.
Orlando, FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keith B. Miller
6839 Knightswood Dr.
Orlando, FL 32818

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

Keith B. Miller
Signature/Registered Agent

1/28/08
Date

Keith B. Miller
Signature/Incorporator

1/28/08
Date