

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

MIAMI AMBULANCE, INC.

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DIVISION OF CORPORATION

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**ARTICLES OF INCORPORATION  
OF**

**MIAMI AMBULANCE, INC.**

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 this corporation shall be: Miami Ambulance, Inc.

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 3590 N.W. 36<sup>th</sup> Street, Miami, Florida 33166.

**ARTICLE III  
PURPOSE**

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

**ARTICLE IV  
CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at one time is: 100 shares

**ARTICLE V  
DIRECTORS & OFFICERS OF CORPORATION**

**PRESIDENT & DIRECTOR** Jesus Paredes

**ARTICLE VI  
REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is: Jesus Paredes, 1915 Brickell Avenue, Unit CC-5, Miami, Florida 33129

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**ARTICLE VII  
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are): Jesus Paredes, 1915 Brickell Avenue, Unit CC-5, Miami, Florida 33129

The undersigned has (have) executed these Articles of Incorporation this 7<sup>th</sup> day of May 2008.

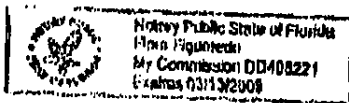
  
Jesus Paredes

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the Court aforesaid, to take acknowledgments, personally appeared Jesus Paredes to me known to be the person(s) described in and who executed the foregoing instrument or have produced drivers license as identification and who did take an oath and acknowledged before me that they executed the same.

7<sup>th</sup> WITNESS my hand and official seal in the County and State last aforesaid the day of May, 2008.

  
NOTARY PUBLIC,  
State of Florida at Large



Flora Figueroa  
(Print Name)  
My Commission Expires: 03/13/09

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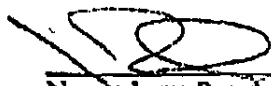
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is: Miami Ambulance, Inc.
2. The name and address of the Registered Agent and office is Jesus Paredes, 1915 Brickell Avenue, Unit CC-5, Miami, Florida 33129

  
Name: Jesus Paredes  
Registered Agent

Date:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

By:   
Name: Jesus Paredes  
Registered Agent