

PA 888888 65547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

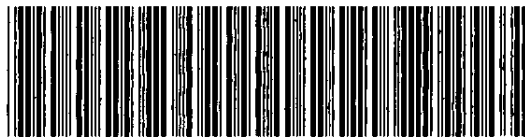
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WA

COVER LETTER

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

SUBJECT: TRANSIT MEDCARE, 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: MICHELINE A.CLEMENT

Name (Printed or typed)

4813 SW 24TH PLACE

Address

CAPE CORAL, FL 33914

City, State & Zip

239-357-7840

Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TRANSIT MEDCARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4813 SW 24TH PLACE
CAPE CORAL, FL
33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL ASSISTANCE TO TRANSPORT PATIENT THROUGHOUT THE WORLD ON COMMERCIAL AIRLINE CARRIER OR OTHER PUBLIC SERVICE AND FOR NON MEDICAL ASSISTANCE ON THE SAME TRANSPORT SYSTEM

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHELINE A.CLEMENT, PRESIDENT
4813 SW 24TH PLACE
CAPE CORAL, FL
33914

ARTICLE VI REGISTERED AGENT

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

MICHELINE A.CLEMENT
4813 SW 24TH PLACE
CAPE CORAL, FL
33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHELINE A.CLEMENT
4813 SW 24TH PLACE
CAPE CORAL, FL
33914

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

Micheline A. Clement

Signature/Registered Agent

07/09/2008

Date

Micheline A. Clement

Signature/Incorporator

07/09/2008

Date