

P08000098528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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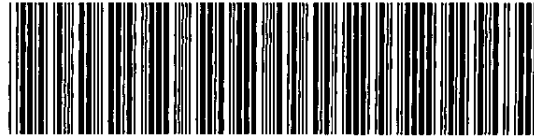
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

24

## COVER LETTER

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

**SUBJECT:** MEDICORP AMBULANCE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JULIAN HERNANDEZ VIDAL

Name (Printed or typed)

3653 SW 26 ST

Address

MIAMI, FLORIDA 33133

City, State & Zip

305 351-6821

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:

MEDICORP AMBULANCE INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

3653 SW 26 ST  
MIAMI, 33133

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LEGAL & LAWFULL

### **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):

JULIAN HERNANDEZ VIDAL  
3653 SW 26 ST  
MIAMI, FL 33133  
PRESIDENT

### **ARTICLE VI REGISTERED AGENT**

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

JULIAN HERNANDEZ VIDAL  
3653 SW 26 ST  
MIAMI, FL 33133  
PRESIDENT


### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JULIAN HERNANDEZ VIDAL  
3653 SW 26 ST  
MIAMI, FL 33133  
PRESIDENT

\*\*\*\*\*

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

X  \_\_\_\_\_  
Signature/Registered Agent

  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date