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Florida Department of State

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

RECEIVED MAY 1 - 2009

FLORIDA PROFIT/NON PROFIT CORPORATION

CROWN MEDTRANSPORT INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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F. Bureau

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TALLAHASSEE, FLORIDA

71-09000112376-3

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:

CROWN MEDTRANSPORT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

424 E CENTRAL BOULEVARD #544
ORLANDO, FLORIDA 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT
JUDITH R KOSTUR
15 LIBERTY AVENUE
SORRENTO, FLORIDA 32776

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ARTICLE VI REGISTERED AGENT

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

LYNN TACHI
505 OAK LANE
MAITLAND, FLORIDA 32751

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

LYNN TACHI
505 OAK LANE
MAITLAND, FLORIDA 32751

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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.


LYNN TACHI / Registered Agent

5/1/09
Date


LYNN TACHI / Incorporator

5/1/09
Date

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