

P09000055414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

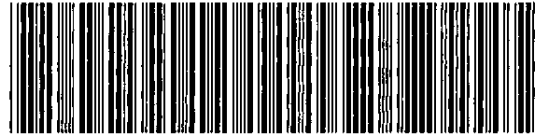
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300156399973

06/11/09--01025--008 **78.75

FILED
2009 JUN 24 P 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1109000977495

COVER LETTER

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

SUBJECT: South Florida Medical Transport
(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: Chance Hicks
Name (Printed or typed)

11625 NW 48TH STREET
Address

Coral Spring FL 33076
City, State & Zip

954-297-7526
Daytime Telephone number

SouthFloridaTransport@ymail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 24 P 1:08

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2009

CHANCE HICKS
11625 NW 48TH STREET
CORAL SPRINGS, FL 33076

SUBJECT: SOUTH FLORIDA MEDICAL TRANSPORT
Ref. Number: W09000027495

We have received your document for SOUTH FLORIDA MEDICAL TRANSPORT and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 709A00019815

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: South Florida Medical Transport *Incorporated*

ARTICLE II PRINCIPAL OFFICE

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

*11625 N.W 48th Street
Coral Springs FL 33076*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Transport service

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):

Chance Hicks President
Joy Hicks Tres.

ARTICLE VI REGISTERED AGENT

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

Chance Hicks
11625 nw 48th street
Coral Springs FL 33076

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chance Hicks
11625 nw 48th street
Coral Springs FL 33076

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

Chance Hicks

Signature/Registered Agent

Chance Hicks

Signature/Incorporator

6/08/09

Date

6/08/09

Date

2009 JUN 24 P 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED