

P09000055414

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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

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**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

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