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(City/State/Zip/Phone #)

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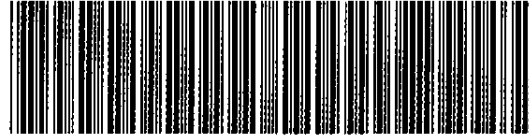
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

SC
7-15-11

COVER LETTER

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

SUBJECT: NEW ATTITUDE MEDICAL TRANSPORT SERVICES, 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: ALIYATTA P. SOMMONS

Name (Printed or typed)

1105 FORT CLARKE BLVD., APT. 713

Address

GAINESVILLE, FL 32606

City, State & Zip

386.344.3472

Daytime Telephone number

nitaweston001@yahoo.com

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL 32314
SECRETARY OF STATE

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: **NEW ATTITUDE MEDICAL TRANSPORT SERVICES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
540 SW FEDORA WAY
LAKE CITY, FL 32025

Mailing address, if different is:
POB 7104
LAKE CITY, FL 32056-7104

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**TO PROVIDE A SAFE AND COURTEOUS TRANSPORTATION FOR ALL CITIZENS IN NEED.
ALSO, WE WILL STRIVE TO SERVE WITH DIGNITY AND RESPECT.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUANITA D. WESTON, PRESIDENT	Name and Title: TSCHARNA Y. COMBS, VP
Address: 540 SW FEDORA WAY	Address: 542 SW FEDORA WAY
LAKE CITY, FL 32025	LAKE CITY, FL 32025

Name and Title: ALIYATTA P. SOMMONS, SCTY/TREASURER	Name and Title: _____
Address: 1105 FORT CLARKE BLVD, APT. 713	Address: _____
GAINESVILLE, FL 32606	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **JUANITA D. WESTON**
Address: **540 SW FEDORA WAY**
LAKE CITY, FL 32025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ALIYATTA P. SOMMONS**
Address: **1105 FORT CLARKE BLVD, APT. 713**
GAINESVILLE, FL 32606

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

Juanita D. Weston
Required Signature/Registered Agent

07.08.2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Aliyatta P. Sommons
Required Signature/Incorporator

07.08.2011
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32304