# Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for future,
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# FLORIDA PROFIT/NON PROFIT CORPORATION

**Emergency Services International, Inc.** 

Certificate of Status	0	
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Page Count	03	
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# **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:

EMERGENCY SERVICES INTERNATIONAL, INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

501 SE 2ND STREET #1043 FORT LAUDERDALE, FLORIDA 33301

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#### 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:

DIRECTOR

DR. ROBERT G LARSEN
501 SE 2ND STREET #1043
FORT LAUDERDALE, FLORIDA 33301

PRESIDENT
CINDY M LARSEN
501 SE 2ND STREET #1043
FORT LAUDERDALE, FLORIDA 33301

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# ARTICLE VI REGISTERED AGENT

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

CINDY M LARSEN
501 SE 2ND STREET #1043
FORT LAUDERDALE, FLORIDA 33301

# ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

CINDY M LARSEN
501 SE 2ND STREET #1043
FORT LAUDERDALE, FLORIDA 33301

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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.

CINDY M LARSEN / Registered Agent

6-7-2012

Date

CINDY M LARSEN /Incorporator

Date