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06/22/12--01011--010 **78.75

Special Instructions to Filing Officer:

David Diaz
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 7/2/12
DOC. EXAM MPO

Office Use Only

FILED
12 JUN 28 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **RAD Medical Transportation, 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: **ALEXA ALEXANDER**

Name (Printed or typed)

15448 SW 139 ST

Address

MIAMI, FL. 33196

City, State & Zip

786-357-5734

Daytime Telephone number

ALEXA@MYRADMEDICAL.COM

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

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

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: **RAD Medical Transportation, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
15448 SW 139 ST
MIAMI, FL 33196

Mailing address, if different is:

P.O. BOX 772588
MIAMI, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TRANSPORTATION

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DAVID DIAZ**
Address: **PRESIDENT**
15448 SW 139 ST
MIAMI, FL 33196

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **DAVID DIAZ**
Address: **15448 SW 139 ST**
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **ALEXA ALEXANDER**
Address: **15448 SW 139 ST**
MIAMI, FL 33196

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



Required Signature/Registered Agent

6/26/12

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.



Required Signature/Incorporator

6/26/12

Date

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