

P13000061867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

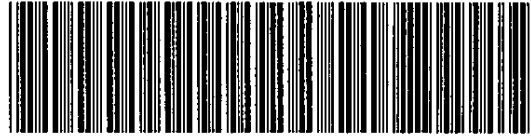
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/22/13--01048--006 \*\*70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

7/25/13

**COVER LETTER**

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

**SUBJECT:** Onscene Medical 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Kevin L Hull  
Name (Printed or typed)  
8311 w Hanna Ave  
Address  
Tampa, FL, 33615  
City, State & Zip  
813-787-8030  
Daytime Telephone number  
khull2@tampabay.rr.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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**DIVISION OF CORPORATIONS**  
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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

**Onscene Medical Inc**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

353 Jean St

Palm Harbor, FL 34683

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide on scene medical care at special events, construction/industrial sites, and movie sets.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Todd White / President

Name and Title: Jeffrey Milges / Vice President

Address: 1415 Main St #56

Address: 353 Jean St

Dunedin, FL 34698

Palm Harbor, FL 34683

Name and Title: Kevin Hull / Sec/Treas

Name and Title: \_\_\_\_\_

Address: 8311 w Hanna Ave

Address: \_\_\_\_\_

Tampa, FL 33615

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Jeffrey Milges  
Address: 353 Jean St  
Palm Harbor, FL 34683

**ARTICLE VII INCORPORATOR**

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

Name: Jeffrey Milges  
Address: 353 Jean St  
Palm Harbor, FL 34683

*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  
7/16/13  
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  
7/16/13  
Date

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