

P/3000076084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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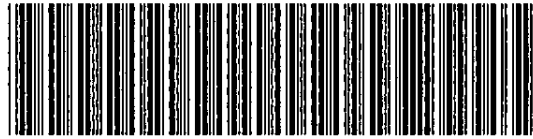
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/16/13

GPG | **Guest • Peavy • Guest**
Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994
T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

September 6, 2013

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

RE: Articles of Incorporation
TREASURE COAST MED RIDE, INC.

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Incorporation to be filed with the Department of State, State of Florida. Also enclosed is my check in the amount of \$78.75, which represents \$35.00 for the filing fee, \$35.00 for the registered agent fee and \$8.75 for the Certified Copy. Please return the certified copy of the Articles of Incorporation.

If you have any questions, please feel free to contact me.

Sincerely,


JAMES GUEST, CPA

COVER LETTER

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

SUBJECT: TREASURE COAST MED RIDE, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JAMES GUEST
Name (Printed or typed)

50 KINDRED STREET, SUITE 303
Address

STUART, FL 34994
City, State & Zip

(772)286-9005
Daytime Telephone number

JGUEST@GPCPA.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: TREASURE COAST MED RIDE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7756 SE NEEDLE PALM CIRCLE

HOBE SOUND, FL 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this

Corporation is to engage in any and all business permitted

under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeanne Caverly / President

Address: 7756 SE NEEDLE PALM CIRCLE

HOBE SOUND, FL 33455

Name and Title: Kevin Caverly / VP

Address: 7756 SE NEEDLE PALM CIRCLE

HOBE SOUND, FL 33455

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: ROBERT E. GUEST
Address: 50 KINDRED STREET, SUITE 303
STUART, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JEANNE CAVERLY
Address: 7756 SE NEEDLE PALM CIRCLE
HOBE SOUND, FL 33455

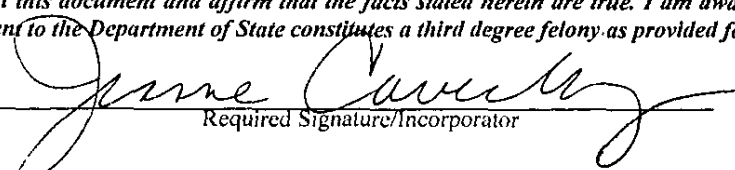
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TALLAHASSEE, FLORIDA

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

9/6/13
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

9/6/13
Date