

P/4000009404

(Requestor's Name)

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(City/State/Zip/Phone #)

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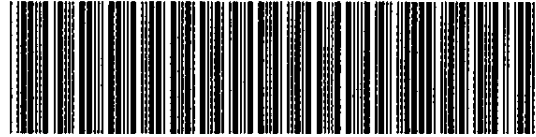
(Business Entity Name)

(Document Number)

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

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*h* 01/31/14

## COVER LETTER

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

SUBJECT: **ORLANDO MED TRANS, 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: **Qaiser J. Qureshi**

Name (Printed or typed)

**9002 Stockton Ct**

Address

**Orlando FL 32817**

City, State & Zip

**407-679-0121**

Daytime Telephone number

**gqq55@hotmail.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:

Orlando Med Trans, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9002 Stockton Ct.

same

Orlando, FL 32817

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To engage in a legal business for profit

**ARTICLE IV    SHARES**

The number of shares of stock is:

1000

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

Name and Title:

Qaiser J Qureshi -Pres

Name and Title:

Address

9002 Stockton Ct

Address:

Orlando, FL 32817

Name and Title:

Ghulam Q Qureshi    V. Pres

Name and Title:

Address

9002 Stockton Ct

Address:

Orlando, FL 32817

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(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: Qaiser J Qureshi

Address: 9002 Stockton Ct

Orlando, FL 32817

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Qaiser J Qureshi

Address: 9002 Stockton Ct

Orlando, FL 32817

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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*

Qaiser J Qureshi  
Required Signature/Registered Agent

01/20/14  
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.*

Qaiser J. Qureshi  
Required Signature/Incorporator

01/20/14  
Date