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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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1/4

## COVER LETTER

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

SUBJECT: CareAmerica Transportation Corporation  
(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: Toykia M. Spellman  
Name (Printed or typed)  
Post Office Box 246  
Address  
Durant, Florida 33530  
City, State & Zip  
(813) 992-7124  
Daytime Telephone number  
info@careamericatransportation.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: CareAmerica Transportation Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4012 Tangled Oaks Trail  
Plant City; Florida 33567

Mailing address, if different is:

Post Office Box 246  
Durant, Florida 33530

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

\*Develop and Deliver Innovative Non-Emergency Medical Transportation  
and Consumer Transportation Services

\*Increase Independence

\*Provide Access to Healthcare

\*Connect Community Resources in the most Cost-Effective manner.

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**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: Toykia M. Spellman, President

Address: Post Office Box 246  
Durant, Florida 33530

Name and Title: Karl A. Spellman, Vice President

Address: Post Office Box 246  
Durant, Florida 33530

Name and Title: Faraja O. Keyes,

Address: Post Office Box 246  
Durant, Florida 33530

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

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

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

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

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AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_ 14 AUG 11 PM 1:57

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Diana Garner  
Address: 5960 NE 7th Street  
Ocala, Florida 34470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Toykia M. Spellman  
Address: Post Office Box 246  
Durant, Florida 33530

*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*

Diana Garner 9-8-2014  
Required Signature/Registered Agent 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.*

[Signature] 8/8/14  
Required Signature/Incorporator Date