

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

### MP MEDICAL TRANSPORT INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

14 DEC 15 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPD 12/16

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## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

MP Medical Transport Inc

EFFECTIVE DATE: 01/01/15\*

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2315 W 8 Ave, Hialeah, FL 33010

### ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Pedro Luis Hidalgo  
2315 W 8 AVE  
HIALEAH FL 33010

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14 DEC 15 AM 9:57

CLERK OF STATE  
ALLAHASSEE, FLORIDA

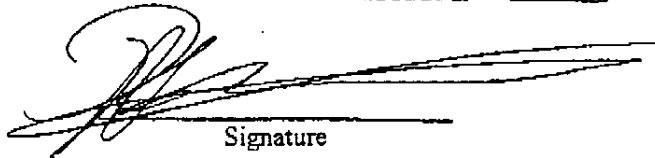
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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

PEDRO LUIS HIDALGO  
2315 W 8 AVE  
HIALEAH FL 33010

The undersigned incorporator has executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.



Signature

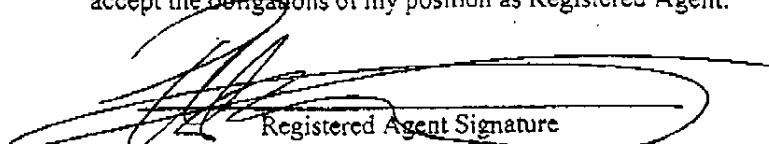
ARTICLE VI - DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):

PRES: PEDRO LUIS HIDALGO

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT(REGISTERED OFFICE)

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature

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