

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

Keehn Emergency Medical Services Inc

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
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EXAMINER

DIRECTOR'S OFFICE

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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:

Keehn Emergency Medical Services Inc

ARTICLE II PRINCIPAL OFFICE

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

6713 Conch Ct. Boynton Beach, FL 33437 15 HAY 27 AM II: 50
SECRETARY OF STATE
TALLAHASSEF FLORIO

ARTICLE III SHARES

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

1,500 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Steven B. Keehn 6713 Conch Ct. Boynton Beach, FL 33437

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

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

Steven B. Keehn- President/Director 6713 Conch Ct.
Boynton Beach, FL 33437

ARTICLE VI INCORPORATOR(S)

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

Steven B. Keehn 6713 Conch Ct., Boynton Beach, FL 33437

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of May 20 15

Steven B. Keehn

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICF/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Keehn Emergency Medical Services Inc		
2. The name and address of the regis	stered agent and office is:	
	Steven B. Keehn	
	Name	
	6713 Conch Ct.	
	(P.O. Box or Mail Drop Box NOT Acceptable)	•
	Boynton Beach, FL 33437	•
	(City / State / Zip)	,

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Steven B. Keehn

SIGNATURE

May 26, 2015

(Date)