

P1600076877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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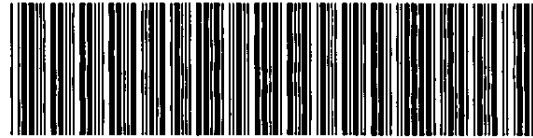
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
16 SEP 16 PM 5:25  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Transcare Non-Emergency Medical Transportation, 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Enisse Romain Registered Agent  
Name (Printed or typed)

2900 N .Course Dr Apt. 104  
Address

Pompano Beach, Florida 33069  
City, State & Zip

401-952-5193  
Daytime Telephone number

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SECRET  
STATE  
CORPORATION

**NOTE:** Please provide the original and one copy of the articles.

## **Articles of Incorporation**

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

### **FIRST**

The name of the corporation is: **Transcare Non-Emergency Medical Transportation, Inc.**

### **SECOND**

The period of its duration is Indefinite.

### **THIRD**

The purpose of the corporation is: Medical People Transportation

### **FOURTH**

The aggregate number of authorized shares is 1,000 shares Par-Value \$1.00

### **FIFTH**

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

### **SIXTH**

Cumulative Voting of shares of stock are authorized.

### **SEVENTH**

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

### **EIGHT**

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

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RECORDED  
STATE  
CLERK

**NINTH**

The address of the initial Registered Office of the corporation is:  
2900 N .Course Dr Apt. 104 Pompano Beach, Florida 33069  
and the name of it's initial Registered Agent at such address is:  
Enisse Romain

**TENTH**

Address of the principal place of business is:  
2900 N .Course Dr Apt. 104 Pompano Beach, Florida 33069

**ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is Three, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

Enisse Romain, Dir., CEO//Pres. 2900 N .Course Dr. Apt. 104 Pompano Beach, Florida 33069

Wilens Casimir, Dir., Vice Pres. 2900 N .Course Dr. Apt. 104 Pompano Beach, Florida 33069

**TWELFTH**

The name and address of each incorporator is:


NAME

ADDRESS

Enisse Romain, Dir., CEO//Pres. 2900 N .Course Dr. Apt. 104 Pompano Beach, Florida 33069

Wilens Casimir, Dir., Vice Pres. 2900 N .Course Dr. Apt. 104 Pompano Beach, Florida 33069

Date: September 6<sup>th</sup>, 2016



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Enisse Romain, Incorporator

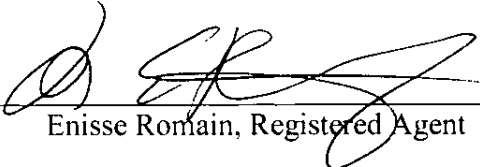
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Wilens Casimir, Incorporator

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SEP 16 2016  
10:00 AM  
10:00 AM

Having been named as Registered Agent and to accept services of process for the 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 statutes relating to the proper and complete performance of my duties, my position as Registered Agent.



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Enisse Romain, Registered Agent