

P18000013361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

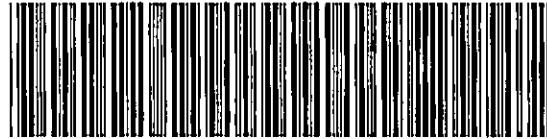
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Special Instructions to Filing Officer:

W18-9568

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2-9-18

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

T. BURCH

Feb 9 2018

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Patient Passage LLC
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

KERRI Ann Mirander
Contact Person

Patient Passage LLC
Firm/Company

13392 SW 31st Street
Address

Miramar FL 33027
City, State and Zip Code

KMIRANDER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KERRI Ann Mirander at (954) 661-1761
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Good Day,

This letter is to confirm that we, Philip Benjamin and Kerri-Ann Mirander would like to continue our business Patient Passage Inc. We have no intentions of revoking the volunteer abandonment of Patient Passage Inc.

Attached are the corrected Articles with the edited number of shares for the company.

If you need any further information please contact me at 954-661-1761.

Kind Regards,


Kerri-Ann Mirander



Philip Benjamin .



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2018

KERRI ANN MIRANDER
13392 SW 31ST STREET
MIRAMAR, FL 33027

SUBJECT: PATIENT PASSAGE, INC.
Ref. Number: W18000009568

We have received your document for PATIENT PASSAGE, INC. and your check(s) totaling \$113.73. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist III

Letter Number: 318A00001936

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: PATIENT PASSAGE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

13392 SW 31st Street
Miramar, FL 33027

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SAFE AND COMFORTABLE TRANSPORTATION
FOR PATIENTS TO GET TO & FROM DOCTORS OFFICES,
HOSPITAL AND URGENT CARE FACILITIES ETC.. -

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KERRI-Ann MIRANDER DIRECTOR Name and Title:

Address: 13392 SW 31st Street Address:
Miramar FL 33027

Name and Title: PHILIP BENJAMIN OWEN CEO Name and Title:

Address: 13392 SW 31st Street Address:
Miramar FL 33027

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: PHILIP BENJAMIN

Address: 13392 SW 31st Street
Miramar, FL 33027

ARTICLE VII INCORPORATOR

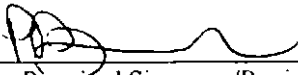
The name and address of the Incorporator is:

Name: PHILIP BENJAMIN

Address: 13392 SW 31st Street
Miramar, FL 33027

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MIRAMAR, FL 33027

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



Required Signature/Registered Agent

29th December, 2017

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature/Incorporator

29th December 2017

Date