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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
ASAP NEMT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

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3/10/2020

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: ASAP NEMT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3650 NW 181 ST
MIAMI GARDENS, FL 33056

Mailing address, if different is:

SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NON EMERGENCY MEDICAL TRASPORTATION

ARTICLE IV SHARES

The number of shares of stock is: 100 PER VALUE $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AIDA L. PEREZ

Address: 3650 NW 181 ST
MIAMI GARDENS, FL 33056
DIRECTOR

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: AIDA L. PEREZ

Address: 3650 NW 181 ST

MIAMI GARDENS, FL 33056

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AIDA L. PEREZ

Address: 3650 NW 181 ST

MIAMI GARDENS, FL 33056

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Aida L Perez

Required Signature/Registered Agent

02/25/2020

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.

Aida L Perez

Required Signature/Incorporator

02/25/2020

Date

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TALLAHASSEE, FLORIDA