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Florida Department of State
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**FLORIDA PROFIT/NON PROFIT CORPORATION
TRUE-CARE MEDICAL TRANSPORTATION INC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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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:

TRUE-CARE MEDICAL TRANSPORTATION INC

ARTICLE II PRINCIPAL OFFICE

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

**24675 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980**

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:

**FRANK PETRULLO
24675 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980**

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CLERK OF CIRCUIT COURT
PORT CHARLOTTE, FL

Prepared By:

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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):

**FRANK PETRULLO- PRESIDENT/ DIRECTOR
24675 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980**

ARTICLE VI INCORPORATOR(S)

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

**FRANK PETRULLO
24675 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980**

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

17TH day of SEPTEMBER 20 20

A handwritten signature in black ink, appearing to be 'FP', written over a horizontal line.

FRANK PETRULLO
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 OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: TRUE-CARE MEDICAL TRANSPORTATION INC

2. The name and address of the registered agent and office is:

FRANK PETRULLO

Name

24675 BUCKINGHAM WAY

(P.O. Box or Mail Drop Box NOT Acceptable)

PORT CHARLOTTE, FL 33980

(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.



FRANK PETRULLO
SIGNATURE

9/17/2020

(Date)

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