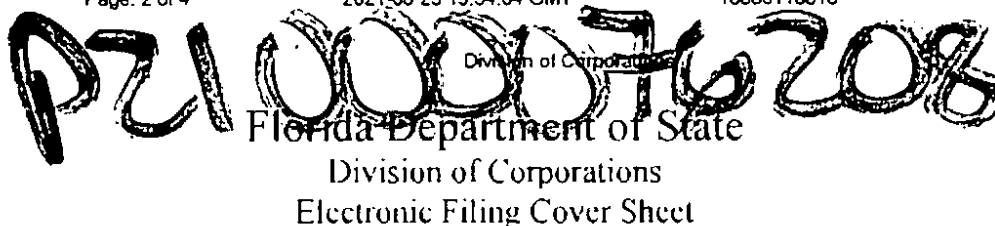


8/9/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000299642 3)))



H210002996423ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations **second time submitting, please process
Fax Number : (850)617-6381 asap, thank you!

From: Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Southwest One Services Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Southwest One Services Corp.
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
_____ 1500 Popham Drive #A38	_____ 1500 Popham Drive #A38
_____ Ft. Myers, FL 33919	_____ Ft. Myers, FL 33919

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: medical transport

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Martin T Donohue Jr., President</u>	Name and Title: _____
Address <u>1500 Popham Drive #A38</u>	Address: _____
<u>Ft. Myers, FL 33919</u>	_____ _____
_____ _____	_____ _____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____ _____	_____ _____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____ _____	_____ _____

2021 Aug 25 PM 10:13

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: Vcorp Services, LLC
Address: 5011 South State Road 7, Suite 106
Davie, FL 33314

ARTICLE VII INCORPORATOR

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

Name: Martin T Donohue Jr.
Address: 1500 Popham Drive #A38
Ft. Myers, FL 33919

2021 8 : 25 AM 10:18

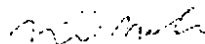
ARTICLE VIII EFFECTIVE DATE:

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

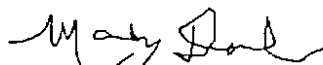


8/9/2021

Required Signature/Registered Agent

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.



Required Signature/Incorporator

8/9/2021
Date