# orida Department of State

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# FLORIDA PROFIT/NON PROFIT CORPORATION HEALTHCARE AMBULANCE, INC.

Certificate of Status	0
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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

HealthCare Ambulance, Inc.	
ARTICLE II PRINCIPAL OFFICE:	1 (~
The principal street address and mailing address is	s: Alle
2355 Salzedo Street, Suite 211, Coral Gables, FL 33134	新 ————————————————————————————————————
	Rib.
ARTICLE III SHARES: The number of shares of stock is: 100	<del>)</del> :
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICERS:
The Wolf of Transportation Invesment, LLC (P)	
2355 Salzedo Street, Suite 211, Coral Gables, FL 33134	
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STRE	ET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the	registered agent is:
The Wolf of Transportation Invesment, LLC	
2355 Salzedo Street, Suite 211, Coral Gables, FL 33134	
ARTICLE VI INCORPORATOR: The name and address of the	he Incorporator is:
The Wolf of Transportation Invesment, LLC	
2355 Salzedo Street, Suite 211, Coral Gables, FL 33134	

### **Required Signatures:**

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

1	— DocuSigned by:		
L	pontec		10/28/2021
	— E23FB4F2472C4B7	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.

-E23F64F2472C4B7	Incorporator	10/28/2021 Date		
		IÄLLÄHÄSSEL, FLÖRIÖ?	· · · · · · · · · · · · · · · · · · ·	