

11/7/22, 1:35 PM

P22000084580Division of Corporations
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To:

Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Florida Vital Care Transportation, Inc.**

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

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

ARTICLE I NAMEThe name of the corporation shall be: Florida Vital Care Transportation, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3603 Live Oak Hollow DrOrange Park, FL 32065**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Transportation Services**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joseph Chacon, President

Name and Title: _____

Address: 3603 Live Oak Hollow Dr

Address: _____

Orange Park, FL 32065

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Joseph Chacon
 Address: 3603 Live Oak Hollow Dr
Orange Park, FL 32065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph Chacon
 Address: 3603 Live Oak Hollow Dr
Orange Park, FL 32065

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

Joseph Chacon
 Required Signature/Registered Agent

11/04/2022
 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.

Joseph Chacon
 Required Signature/Incorporator

11/04/2022
 atc

11/04/2022 15:05