

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

****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

Famiglia Medical Transport Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2023 MAY -2 PM 3:38

REGISTRARS
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TALLAHASSEE, FLORIDA

MAY 02 2023 8:26

FILED

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: **Famiglia Medical Transport Inc.**

ARTICLE II PRINCIPAL OFFICE

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

4080 WEST BROWARD BLVD., PLANTATION, FL 33317

ARTICLE III PURPOSE

The purpose(s) for which this corporation is organized is(are): **Non-Emergency Medical Transportation**

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **200 No Par Value**

Article V DIRECTORS/OFFICERS:

The names, address, and titles of the Directors/Officers (optional). The names of officers/directors may be required to apply for a license, open a bank account, etc.

JOSEPH DAI, President, 4080 WEST BROWARD BLVD., PLANTATION, FL 33317

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEPH DAI, 4080 WEST BROWARD BLVD., PLANTATION, FL 33317

ARTICLE VII INCORPORATOR(S)

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

JOSEPH DAI, 4080 WEST BROWARD BLVD., PLANTATION, FL 33317

Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

/s/JOSEPH DAI

JOSEPH DAI/Registered Agent

/s/JOSEPH DAI

JOSEPH DAI/Incorporator