

May 23, 2023 17:53 FAX
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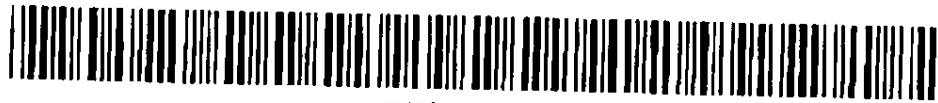
P23000040620

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA DEPARTMENT OF
CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

North Florida Medical Transportation, Inc.

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

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

The name of the corporation shall be: North Florida Medical Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3817 Westridge Dr
Orange Park, FL 32065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ivonne A. Barrera, President

Name and Title:

Address 3817 Westridge Dr
Orange Park, FL 32065

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Ivonne A. Barrera
Address: 3817 Westridge Dr
Orange Park, FL 32065

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: Ivonne A. Barrera
Address: 3817 Westridge Dr
Orange Park, FL 32065

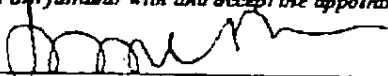
ARTICLE VIII EFFECTIVE DATE:

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.


Required Signature/Registered Agent

05/22/2023

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.


Required Signature/Incorporator

05/22/2023

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