

(SAMPLE LETTER OF TRANSMITTAL)

**P9500041606**  
Date

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
95 MAY 22 PM 12:57  
100001496331  
-05723795 -01040 -005  
\*\*\*122.50 \*\*\*122.50


Re: MEDI-TRAN TRANSPORTATION, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

  
CARLOS A. IZQUIERDO  
(individual's name)

MEDI-TRAN TRANSPORTATION INC.  
(name of corporation)

MAILING ADDRESS OF CORPORATION		
<u>MEDI-TRAN TRANSPORTATION</u>		
<u>1152 SW 67TH AVE</u>		
<u>MIAMI, FL 33144</u>		
PHONE		
<u>(305) 263-9928</u>	<u>—</u>	<u>—</u>
Area Code	Number	Ext.

## ARTICLES OF INCORPORATION

of

**MEDI - TRANS - TRANSPORTATION INC.**

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

**MEDI-TRANS TRANSPORTATION INC.**

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue **FIVE HUNDRED** shares ( **500.00** of **ONE** Dollar(s) (\$ **1.00** ) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing adress of the corporation is:

NAME	<b>MEDI - TRANS TRANSPORTATION INC.</b>		
ADDRESS	<b>1152 S.W. 67 AVE.</b>		
CITY	<b>MIAMI</b>	FLORIDA	ZIP <b>33144</b>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<b>CARLOS M. IZQUIERDO</b>		
ADDRESS	<b>1152 S.W. 67 AVE.</b>		
CITY	<b>MIAMI</b>	FLORIDA	ZIP <b>33144</b>

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have **TWO** ( **2** ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<b>CARLOS M. IZQUIERDO</b>			<b>PRESIDENT</b>
ADDRESS	<b>10265 N.W. 133 ST.</b>			
CITY	<b>HIALEAH GARDENS</b>	STATE	<b>FL.</b>	ZIP <b>33016</b>
NAME	<b>ROSA M. IZQUIERDO</b>			<b>SECRETARY/ TREASURER</b>
ADDRESS	<b>10265 N.W. 133 ST.</b>			
CITY	<b>HIALEAH GARDENS</b>	STATE	<b>FL.</b>	ZIP <b>33016</b>
NAME				
ADDRESS				
CITY		STATE		ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	CARLOS M. IZQUIERDO		
ADDRESS	10265 N.W. 133 ST.		
CITY	HIALEAH GARDENS	STATE	FL. ZIP 33016
NAME	ROSA M. IZQUIERDO		
ADDRESS	10265 N.W. 133 ST.		
CITY	HIALEAH GARDENS	STATE	FL. ZIP 33016
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17 day of MAY, 1995.

\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF DADE ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

FLORIDA DRIVER LICENSE (I263-113-44-348-0)  
Form of Identification

FLORIDA DRIVER LICENSE (B600-720-52-810-0)  
Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form s of identification of the above named persons s as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL  
OFFICIAL NOTARY SEAL  
GUILLERMINA V. HERNANDEZ  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC391149  
MY COMMISSION EXP. JULY 20, 1996

Witness my hand and official seal in the County and State last aforesaid  
this 17 day of May, 1995.  
\_\_\_\_\_  
Notary Signature  
GUILLERMINA V. HERNANDEZ  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT  
OF**

**FILED**  
95 MAY 22 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MEDI - TRANS TRANSPORTATION INC.**  
*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 1152 S.W. 67 AVE.  
MIAMI, FL, 33144

has named CARLOS M. IZQUIERDO

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
*(registered agent)*