P960009331 WILSON PAULAS Requestor's Name

1901 NE 2MD STREET APTIJOS Address #####70.00 #####70.00 GAINS VIIIE FL 32609
City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. UNIMET AMBULETE SERVICE INC. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Certificate of Status Mail out ☐ Photocopy Will wait AMENDMENTS NEW FILINGS Profit Amendment RECEIVED
96 HOW 14 PH 12: 56
914 HOUSE OF CORPORATION NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials 11-14-96 ħ

ARTICLES OF INCORPOR ITION

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UNIMET AMBULETTE SERVICE INC.

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

The name of the corporation is:

UNIMET AMBULETE SERVICE 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 OHC shares of common stock, par value \$ TEN per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS

1901 NE ZND STREET APT ZOG

CITY GAINS VII/C FLORIDA ZIP 3206

Mailing address, if different

STREET ADDRESS

1901 NE ZND STREET APT ZOG

CITY GAINS VII/C FLORIDA ZIP 3 206

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	JOSE	PH	TUDGE		-		
ADDRESS	1901	NE	2 NS	STREET	APT	206	
CITY C	NASVII	10		FLORIDA		ZIP	3206

ARTICLE V	'II - INITIAL BOARD OF	DIRECTORS	
This corporation shall have <u>ote</u> either increased or diminished from time to time addresses of the initial director(s) of the corporati	Dy the By-Laws, but chall no	tors initially. The ever be less that	ne number of directors may be none (1). The names and
NAME WILSON PA	ULAS		
ADDRESS 1901 NE 2M	STREET		
CITY GAINS VILLE	STATE	FL	ZIP 32609
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP
ARTI	ICLE VIII - INCORPORA	TORS	
The names and addresses of the incorporators sign	ning these Articles of Incorp	oration are as fo	ollows:
NAME WILSON PAUL	193		
100000	2 HS STROET		
CITY GAINSUILE	STATE	F	ZIP 32609
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP
The undersigned incorporator(s) have execute	d these Articles of Income	oration this	
day of NOVEMBER 14			
•	Milso	y Pol	(Signature)
			(Signature)

_ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

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UNIMET AMBULETTE SERVICE INC (name of corporation)

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Pursuant to Florida Statu	ites Sections 48.091 and	607,0501, the f	'allowing is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 190 (NE ZHO STREET APT ZOE

GAINSVILLE, FL 32609

has named JOSEPH JUDGE

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joseph Julys (Signature)

//~ /4 -(Date)