

P97000085986

TRANSMITTAL LETTER
FILED

97 OCT -3 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

300002310843--1
-10/03/97--01008--009
****131.25 ****131.25

SUBJECT: AMERICAN WHEELCHAIR TRANSPORT INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAY COLEMAN
Name (Printed or typed)

28 FRESHWATER DR.
Address

PAIM HARBOR FL 34684
City, State & Zip

813-942-2185
Daytime Telephone number

P Hall
OCT - 6 1997

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
97 OCT -3 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AMERICAN WHEELCHAIR TRANSPORT INC.

ARTICLE II PRINCIPAL OFFICE

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

4348 LOUIS AVE HOLIDAY FL. 34691

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAY COLEMAN 28 FRESHWATER DR. PAM HARBOR FL. 34689

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:



Signature/Incorporator JAY COLEMAN

Date 10-1-97

(An additional article must be added if an effective date is requested.)

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



Signature/Registered Agent JAY COLEMAN

Date 10-1-97

87

ICE SERVICES, INC.

FLORIDA 33914-7121

8500

900002310869--0

-10/03/97--01013--015

*****70.00 *****70.00

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

Re: **HERNDON INSURANCE SERVICES, INC.**

Dear Division of Corporations:

Enclosed please find Articles of Incorporation for **HERNDON INSURANCE SERVICES, INC.**, along with a check in the amount of \$70.00 for filing fee and designation of registered agent.

Also enclosed is a photocopy of the Articles. Please return to me with the filing date stamped on it.

Thank You,


CHRISTINE M. HERNDON

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -3 AM 11:25

RP
10-6-97

ALERT. DISCARD
All frames from
P97-85986 and
forward.

Restart
from
P97-85986

ALERT. DISCARD
All frames from
P97-85986 and
forward.

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Signature/Incorporator

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 JAY COLEMAN
Signature/Registered Agent

10-1-97
Date