

19800066873

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HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002602715--6

-07/30/98--01058--022

\*\*\*\*122.50 \*\*\*\*122.50

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRANSPORT EXPRESS MEDICAL & COURIER  
(Corporation Name) (Document #)

2. SERVICES, INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
98 JUL 30 AM 11:13  
DIVISION OF CORPORATION

FILED  
98 JUL 30 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/30

Examiner's Initials

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**FILED**  
98 JUL 30 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

Transport Express Medical & Courier Services, inc

## ARTICLE II PRINCIPAL OFFICE

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

10830 SW 84th Street Apt E-4  
Miami, fl 33173

## ARTICLE III SHARES

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

Five Hundred (500) Shares.  
500.00 Dollars(Five Hundred Dollars)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Clara Varas(President)  
3035 NW 90 ST  
Miami, Fl 33147

**ARTICLE V INCORPORATOR(S)**

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

President: Clara Varas 3035 NW 90 st Miami, FL 33147

VicePresident: Valerie Lynn Tully 10830 SW 84th Street Apt E-4  
Miami, FL 33173

Secretary: Aureliano F Coello 10830 SW 84th Street Apt E-4  
Miami, FL 33173

**ARTICLE VI DIRECTOR(S)**

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

Clara Varas 3035 NW 90 st Miami, FL 33147

Valerie Lynn Tully 10830 SW 84th Street Miami, FL 33173

Aureliano F. Coello 10830 SW 84th Street Miami, FL 33173

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this July day of 29, 1998.

Clara Varas  
Signature

Valerie Lynn Tully  
Signature

Aureliano F Coello  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Transport Express Medical & Courier Services, inc.
2. The name and address of the registered agent and office is:  
Clara Varas  
(NAME)  
3035 NW 90th St.  
(P.O. BOX NOT ACCEPTABLE)  
Miami, FL 33147  
(CITY/STATE/ZIP)

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

*Clara Varas*

DATE

7-29-98

98 JUL 30 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

REGISTERED AGENT FILING FEE: \$35.00