P9900035095

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

SUBJECT:	OUNSHINE (Proposed corpora	Ambule ate name - must include suf	$\frac{E}{f(x)}$
		S	000028403 -04715/99010 *****87.50 *
Enclosed is an original	al and one(1) copy of the articles	s of incorporation and a c	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Name (P	GINTE.	R
6557 Elmwood ROAD			COAD
	Northpor City,	State & Zip	34 <u>2</u> 87
		26 -6911 Telephone number	99 APR 15 SECRETAF

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

ARTICLES OF INCORPORATION

	rporator, for the purpose of forming a corporation under the Florida Act, hereby adopts the following Articles of Incorporation.
ADTICLE I	314 1#T

The name of the corporation shall be: SUNSHINE Ambulette, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 6557 Elmwood ROAD Northport, FL. 34287 ARTICLE III The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 ShARES <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u> The name and Florida street address of the initial registered agent are: EVA GINTER 6557 Elmwood ROAD North port, FL. 3428 INCORPORATOR The <u>name and address</u> of the incorporator to these Articles of Incorporation are: GINTER

EVA GENTER
6557 Elmwood ROAD
NORTHPORT, FL. 34287
114-11=99

Signature/Incorporator

Date

(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

Ea Gul 4-11-99
Signature/Registered Agent Date