

TRANSMITTAL LETTER

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

000003051200--8
-11/22/99--01102--007
*****70.00 *****70.00

SUBJECT: Choice Care 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Chris Kempf
Name (Printed or typed)

5435 County Fair Court
Address

Oviedo, Florida #32765
City, State & Zip

1-407-679-6217
Daytime Telephone number

FILED
99 NOV 22 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.

FILED

99 NOV 22 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

Choice Care Transport, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5135 County Fair Court, Oiedo, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non-Emergency Medical Transport for
wheelchair and stretcher**ARTICLE IV SHARES**

The number of shares of stock is:

One

ARTICLE V OFFICERS/DIRECTORS (OPTIONAL)

The name(s) and address(es):

President - Chris Kempf > 5135 County Fair Court
Meredith Kempf > Oiedo, Florida 32765**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:


Chris Kempf - 5135 County Fair Ct., Oiedo, FLA. 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Chris Kempf - 5135 County Fair Ct. Oiedo, FLA. 32765

I hereby accept the appointment as Registered Agent & agree to act in this capacity.


Signature/Registered Agent

11-16-99

Date


Signature/Incorporator

11-16-99

Date