



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only

WY Secretary of State
FILED: Aug 5 2020 9:26AM
Original ID: 2020-000934902

Profit Corporation

Articles of Incorporation

- I. The name of the profit corporation is:**
EMS Insurance Solutions, Inc.
- II. The name and physical address of the registered agent of the profit corporation is:**
United Agent Services LLC
30 N Gould St Ste U
Sheridan, WY 82801
- III. The mailing address of the profit corporation is:**
30 N Gould St Ste U
Sheridan, WY 82801
- IV. The principal office address of the profit corporation is:**
229 SABLE WAY
NASHVILLE, KY 40356
- V. The number, par value, and class of shares the profit corporation corporation will have the authority to issue are:**
- | | | | |
|-----------------------------|-----|----------------------|----------|
| Number of Common Shares: | 200 | Common Par Value: | \$0.0000 |
| Number of Preferred Shares: | 0 | Preferred Par Value: | \$0.0000 |
- VI. The name and address of each incorporator is as follows:**
Sheneal Simmons
221 N Broad St, Middletown, DE 19709

Signature: *Sheneal Simmons*

Print Name: **Sheneal Simmons**

Title: **Incorporator**

Email: **filings@unitedagentservices.com**

Daytime Phone #: **(302) 894-7701**

Date: **08/05/2020**

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Business Corporation Act, (W.S. 17-16-101 through 17-16-1804) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Incorporation that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.
- ☒ I affirm, under penalty of perjury, that I have received actual, express permission from each of the following incorporators to add them to this business filing: Sheneal Simmons

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Incorporation.

Signature: Sheneal Simmons

Date: 08/05/2020

Print Name: Sheneal Simmons

Title: Incorporator

Email: filings@unitedagentservices.com

Daytime Phone #: (302) 894-7701

Consent to Appointment by Registered Agent

United Agent Services LLC, whose registered office is located at **30 N Gould St Ste U, Sheridan, WY 82801**, voluntarily consented to serve as the registered agent for **EMS Insurance Solutions, Inc.** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature:	<u>Sheneal Simmons</u>	Date: 08/05/2020
Print Name:	Sheneal Simmons	
Title:	Incorporator	
Email:	filings@unitedagentservices.com	
Daytime Phone #:	(302) 894-7701	

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

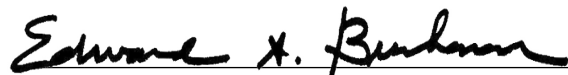
EMS Insurance Solutions, Inc.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **5th** day of **August, 2020** at **9:26 AM**.

Remainder intentionally left blank.



Filed Date: 08/05/2020



Secretary of State

Filed Online By:

Sheneal Simmons

on 08/05/2020

Please Note: The following form,
“Appointment of Directors by Incorporator” **MUST stay**
with the approved articles.

It is not filed with the state. Instead, it is simply the completion of the filing process by the Incorporator, as ordered, setting up the Directors (those who have authority) for your Corporation. Be sure to retain the Appointment and Articles of Incorporation together.

After the Appointment is issued, (signed and sent to you with filed Articles of Incorporation) it cannot be changed. Instead, the initial Directors listed on the Appointment can be changed by the Shareholders of the Corporation at a Special Meeting of Shareholders.

Appointment of Director(s)

Incorporator

The undersigned incorporator of _____
who signed and filed the Articles of Incorporation with the state of _____
hereby appoints the following individual(s) to serve as the initial director(s) of the
corporation, who shall serve as director(s) until the first meeting of the shareholders for
the election of the board of directors and until their successors are elected and agree to
serve on the board:

Incorporator hereby attests that he/she is acting as the sole incorporator for this corporation.

Signed: /S/ Shenel Simmons

(Incorporator's Name)

Date: _____

RECEIPT



Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020

RECEIPT INFORMATION

HENRY BOYCE
2035 SUNSET LAKE RD
SUITE B2
UNITED STATES

Receipt #: 001956858
Receipt Date: 08/05/2020
Processed By: Web User

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Convenience Fees		1	\$2.00	\$2.00
Initial Filing - Profit Corporation - Domestic	2020-000934902	1	\$100.00	\$100.00
TOTAL CHARGES PAID				\$102.00

Description of Payment	Reference	Amount
Payment-Credit Card		\$102.00
TOTAL PAYMENT		\$102.00

In Reference To:

Online Initial Filing Payment (2020-000934902) EMS Insurance Solutions, Inc. - Approval Code: 005316

PAD or Billing Questions?
(307) 777-5343
SOSAdminServices@wyo.gov



**Wyoming Secretary of State
Business Division**
2020 Carey Avenue, Suite 700
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

What's Next?

Congratulations on filing your Wyoming business entity! Now that you are a legal business entity, there are a few important items to make note of:

1. You will be required to file an annual report by the first day of the month of your initial filing date. Your first annual report isn't due until your first anniversary. For example, if your initial filing date is April 16, 2016, you will be required to file your annual report by April 1 of each year, beginning in 2017, for as long as the business entity is an active filing.
2. All annual report reminder notices are delivered via email. The email address you provided as the Principal office Email Address is the address to which the notice will be sent. Emails are sent from **SOS_AnnualReports@wyo.gov**. Please be sure to add this address to your address book so the notices are not classified as spam.
3. Amendments to your filing can be made by utilizing the appropriate forms found on our website at: <http://sos.wyo.gov/Forms/default.aspx>.
4. After forming your business, you might need to contact one of the following agencies for additional filing requirements or information:

- **Sales and Use Tax Information**

Department of Revenue

Ph. 307.777.5200

<https://revenue.state.wy.us/>

- **Workers' Compensation or Unemployment Insurance**

Department of Workforce Services

Ph. 307.777.8650

<http://www.wyomingworkforce.org>

- **Licensing or Permit Information**

Wyoming Business Council

Ph. 307.777.2843

<http://www.wyomingbusiness.org>

- **Tax ID Information**

Internal Revenue Service

<https://www.irs.gov/Filing>