



**State of Rhode Island
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
001718150	Medtransit LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: mario deon ballantyne

Business Name: Medtransitllc

No. and Street: 3945 Rose Of Sharon Dr

City or Town: Orlando

State: FL

Zip: 32808

Country: USA

Contact Phone: 3212791218 ext:

Contact Email: medtransitllc@gmail.com