

PD20000107345

IRMA JOSEPH
12500 S W 115 AVENUE
MIAMI, FL 33176

200008198862--6
-10/04/02--01019--003
*****78.75 *****78.75

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

RE: 1684 TAXI, INC

Enclosed is a check for \$ 78.75 together with two copies of the articles of incorporation
of 1684 TAXI, INC

Please return a certified copy to the registered agent of the corporation:

IRMA JOSEPH
12500 S W 115 AVENUE
MIAMI, FL 33176

Thank you for your attention to this request.

Sincerely,

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

1684 TAXI, INC

The undersigned incorporators, for the purpose of forming a corporation under the Florida Corporation Act, Hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

1684 TAXI, INC

ARTICLE II PRINCIPAL OFFICE

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

12500 S W 115 AVENUE
MIAMI, FLORIDA 33176

ARTICLE III CAPITAL STOCK

The number of Shares of Stock that this corporation is authorized to issue and have outstanding at any one time is:

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent and the initial office of the corporation is:

IRMA JOSEPH
12500 S W 115 AVENUE
MIAMI, FL 33176

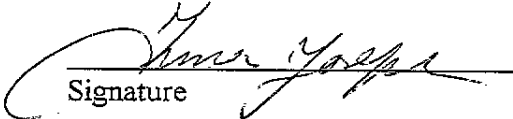
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATORS

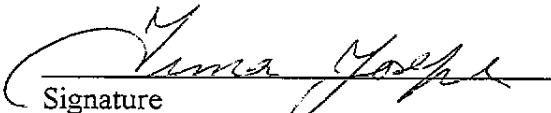
The name and street address of the incorporators to these Articles of Incorporation are:

IRMA JOSEPH
12500 S W 115 AVENUE
MIAMI, FL 33176

The undersigned have executed these Articles of Incorporation this 1st Day of October
2002


Signature

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION OF REGISTERED AGENT


Signature
10 / 2 / 02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA