

P09000075102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

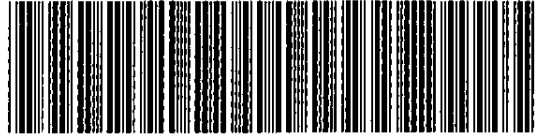
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700160356477

09/08/09--01011--004 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP - 8 PM 1:12

FILED

J. Shivers SEP 09 2009

## COVER LETTER

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

**SUBJECT:** A & M ISLAND CAB SERVICE, 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

**\$122.50**  
Filing Fee &  
Certified Copy

**\$131.25**  
Filing fee,  
Certified Copy  
& Certificate of Status

**FROM:** ANNA R. SINANAN  
Name (Printed or Typed)

587 WAVESIDE DRIVE  
Address

MELBOURNE, FL 32934  
City, State & Zip

(321) 508-1357  
Daytime Telephone Number

**FILED**  
2009 SEP - 8 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit), hereby adopt the following Articles of Incorporation:

### ARTICLE I NAME

*The name of the corporation shall be:*

**A & M ISLAND CAB SERVICE, INC**

### ARTICLE II PRINCIPAL OFFICE

*The principal place of business/mailing address is:*

**221 WHIBISCUS BLVD SUITE 292  
MELBOURNE, FL 32901**

### ARTICLE III PURPOSE

*The purpose for which the corporation is organized is :*

**CAB SERVICE**

### ARTICLE IV SHARES

*The number of shares of stock is:*

**5000 SHARES OF COMMON STOCK**

**FILED**  
2009 SEP -8 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**  
**INITIAL OFFICERS AND/OR DIRECTORS**

*List name(s), address(es) and specific title(s):*

**P**  
**ANNA SINANAN**  
**587 WAVESIDE DR**  
**MELBOURNE, FL 32934**

**VP S T**  
**MITRA SINANAN**  
**587 WAVESIDE DR**  
**MELBOURNE, FL 32934**

**ARTICLE VI**  
**REGISTERED AGENT**

*The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:*

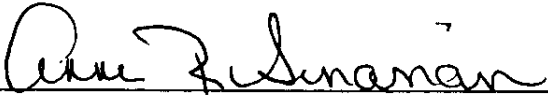
**ANNA SINANAN**  
**587 WAVESIDE DR**  
**MELBOURNE, FL 32934**

**ARTICLE VII**  
**INCORPORATOR**

*The name and address of the Incorporator is:*

**ANNA SINANAN**  
**587 WAVESIDE DR**  
**MELBOURNE, FL 32934**

The undersigned Incorporator has executed these Articles of Incorporation on this  
2ND day of Sept., 2009.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMIT'S THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: A & M ISLAND CAB SERVICE, INC  
(must include suffix)

2. The name and address of the registered agent and office is:

ANNA R. SINANAN  
(Name)

587 WAVESIDE DRIVE  
(Address NOT P.O. Box)

MELBOURNE, FL 32934  
(City, State and Zip)

**FILED**  
2009 SEP -8 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Anna R. Sinanan  
(Signature)

Sept 2 2009  
(Date)