

F95000003728

Rex Bekstis

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

1509-3718

100001550861
-08/01/95--01065--022
*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

3:30



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
95 AUG -2 PM 11:49
TALLAHASSEE, FLORIDA
mtm

WAS-15463

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Southern Style Limousine Service, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathryn L. Moyers
(Name of Person)

Southern Style Limo. Service
(Firm/Company)

9720 NW 15th Court
(Address)

Pembroke Pines, FL 33124
(City/State/Zip)

RECEIVED
TALLAHASSEE, FLORIDA

95 AUG -2 AM 11:50

FILED

Should you need to call someone concerning this matter, please call:

Kate Moyers
(Name of Person)

at (305) 433-1410
(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

August 1, 1995

REX REKSTIS

SUBJECT: SOUTHERN STYLE LIMOUSINE SERVICE, INC.
Ref. Number: W95000015463

FILED
95 AUG -2 AM 11:50
TALLAHASSEE, FLORIDA

We have received your document for SOUTHERN STYLE LIMOUSINE SERVICE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the specific purpose for which the corporation is organized in its home state.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Hart Collins
Senior Corporate Section Administrator

Letter Number: 395A00036274

*pick up
1:00*

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Southern Style Limousine Service, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Tennessee
(State or country under the law of which it is incorporated)
3. Pending
(FEL number, if applicable)
4. 7-17-95
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 7-30-95
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 9720 NW 15th Court
Pembroke Pines FL 33124
(Current mailing address)
8. TRANSACT ANY AND ALL lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Kathryn L. Moyers
Office Address: 9720 NW 15th Court
Pembroke Pines, Florida, 33124
(Zip Code)
10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kathryn L. Moyers
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Ross L. Moyers

Address: 9720 NW 15th Court Pembroke Pines, FL 33124

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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85 AUG -2 AM 11:50
TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Kathryn L. Moyers

Address: 9720 NW 15th Court Pembroke Pines, FL 33124

Vice President: Same as President

Address: _____

Secretary: ~~Ross L. Moyers~~ Ross L. Moyers

Address: 9720 NW 15th Court Pembroke Pines, FL 33124

Treasurer: same as Secretary

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kathryn L. Moyers Kathryn L. Moyers
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ross L. Moyers Kathryn L. Moyers
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Section

James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 07/27/1995
REQUEST NUMBER: 3036-0596
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/18/1995
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0297644
JURISDICTION: TENNESSEE

TO:
SOUTHERN STYLE LIMO SERVICE
ATT: KATE
6341 HOOD STREET
HOLLYWOOD, FL 33024

REQUESTED BY:
SOUTHERN STYLE LIMO SERVICE
ATT: KATE
6341 HOOD STREET
HOLLYWOOD, FL 33024

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SOUTHERN STYLE LIMOUSINE SERVICE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE,
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID,
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FILED
95 AUG -2 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 07/27/95

FROM:
KATHRYN L. MOYERS
790 N CEDAR BLUFF RD
APT. 2011
KNOXVILLE, TN 37923-0000

RECEIVED: FEES \$30.00 \$30.00
TOTAL PAYMENT RECEIVED: \$60.00

RECEIPT NUMBER: 00001832011
ACCOUNT NUMBER: 00220453



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE