

N12000001936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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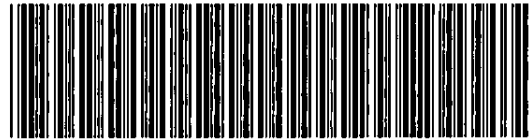
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 20 AM 10:02

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

The Society Of American Taxi Drivers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

180 Carolina Ridge Dr

Columbia, SC 29229

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide taxi drivers throughout the United States of America with educational, charitable and recreational benefits including but not limited to; the creation and adaptation of a Code of Ethics, education promoting consumer awareness for taxi drivers, the implementation of passenger and driver security measures, the establishment of a process through which all taxi drivers may obtain group benefits, the establishment of a fund to aid the families of drivers who died on the job while not having left sufficient financial support for their families, and the establishment of merit college scholarships for the children of taxi drivers.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors on the Board of Directors will be elected by the standing board of members at the annual meeting of the Board through a democratic voting process. Directors within the organization will be appointed by the President/CEO.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Horace O. Williams / President CEO

Address: 180 Carolina Ridge Dr
Columbia, SC 29229

Name and Title: _____

Address: _____

Name and Title: Jean R. Williams / Secretary

Address: 180 Carolina Ridge Dr
Columbia, SC 29229

Name and Title: _____

Address: _____

Name and Title: Janet M. Bell / Treasurer

Address: 1536 Wilson Manor Cir
Lawrenceville, GA 30045

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Audley L. Hyman

Address: 12017 NW 13th Street
Pembroke Pines, FL 33026

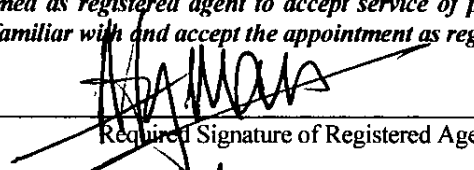
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: Audley L. Hyman
12017 NW 13th Street
Pembroke Pines, FL 33026

Having been named as registered agent 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:


Required Signature of Registered Agent

02/04/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

02/04/2012

Date

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