

N98000001752

TRANSMITTAL LETTER

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

000002466890--7

-03/24/98-01086--008

***131.25 ***131.25

SUBJECT: Professional Cab-Drivers Association, 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Newton D. PIERRE
Name (Printed or typed)

6220 N.W 2nd Ave,
Address

Miami, Florida 33138
City, State & Zip

(305) 308-5296
Daytime Telephone number

Jean Andre GAVE

AUTHORIZATION BY PHONE TO
CORRECT Art Villon Dir.

DATE 3-26-98

DOC. EXAM. CB

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

FILED
98 MAR 24 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB
3/26/98

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

Professional Cab-Drivers Association, Inc

ARTICLE II

Principal place of business and mailing address

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

426 N.E 166 street
N.Miami Beach, Fla 33162

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To protect and defend the rights of Cab-Drivers by using any legal or lawful means. This association may engage or transact in any or all lawful activities permitted under the laws of the United States, the State of Florida or any other state, country, nation or territory.

The Creation of a mutual financial assistance program is also part of the main purposes of this organization.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

The manner in which the directors are elected or appointed is as follow :

Majority vote of present membership.

FILED
98 MAR 24 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

N/A

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Jules Joseph
426 N.E 166 street
N.Miami Beach, Fl 33162

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Newton D. Pierre	Jean Eric Andre	Angel Hernandez	
Dir/ Chairman	Dir/ President	Dir/ V-President	
6220 N.W 2 Ave	277 N.E 82 St	1045 W.76 St #164	
Miami, Fl 33150	Miami, Fl 33138	Hialeah, Fl 33014	
Emmanuel Chervil	Pierre Francois	Jules Joseph	Letroy Altidor
Dir/ Secretary	Dir/ Treasurer	Dir/ V-chairman	Dir/ P.Relation
11000 N.E 3 Ave	177 N.E 70 St	426 N.E 166 St	13285 N.E 6 Ave
Miami, Fl 33161	Miami, Fl 33150	N.M.B, Fl 33162	N.Miami, Fl 33161
Geoffrey McLaughlin (Attorney, Pblc Relation/att)			
130 Ocean Drive, Miami Beach, Fl 33139			

The undersigned incorporator has executed these Articles of Incorporation this 23rd day of March
_____ 1998 .

Signature of Incorporator:



Newton D . Pierre
Typed name of incorporator signing

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

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

PROFESSIONAL CAB-DRIVERS ASSOCIATION, INC

(must include suffix)

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

Jules Joseph

(NAME)

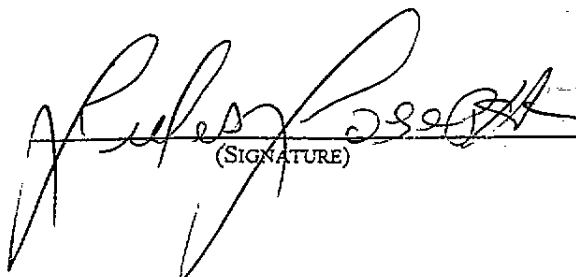
426 N.E 166 street

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

N.Miami, Beach, Fl 33162

(CITY/STATE/ZIP)

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 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

03. 23. 98
(DATE)

FILED
98 MAR 24 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA