## PHYSOLOGO 1228 TRANSMITTAL LETTER

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

NOTE: Please provide the

500003098965---6 -01/14/00--01059--010 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

\$70.00 Filing Fee	\$78.75 Filing Fee	\$122.50 \$131.25 Filing Fee Filing Fee,
	& Certificate	& Certified Copy Certified Copy & Certificate
		Additional Copy Required
<b>ED</b> 0 1 1	TERRY	Deli
FROM:		Koskowski (printed or typed)
	900	
	3.47.0-70	Address Ave-
	1 12	

Daytime Telephone number

(Proposed corporate name - must include suffix)

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, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CONTINENTAL TAXI INC

SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

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

9918 New YORK AVE HUDSON FL- 34667

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 I PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Terry Roskowski & 9918 New York Ave HUDSON FL- 34667

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TERRY ROSKOWSKI 9918 New YORK AVE HUDSON FL. 34667

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Jerry Roskarhus

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## 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, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	CONTINENTAL TAX:	/N C
2. The name and address of the regis	stered agent and office is:	<del></del>
	Ros Kowski (NAME)	DO JA SECR TALL
9918 Nec	York AUC	AHASSEE AHASSEE
	SX or Mail Drop Box NOT ACCEPTABLE)  FL - 34667  (CITY/ST ATT/ZID)	FSTATE FALORINA

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.

Terry Rossoushi /10/00
(SIGNATURE) (DATE)