

TRANSMITTAL LETTER

P000000069377

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

700003318067--3
-07/10/00-01104-004
*****87.50 *****87.50

SUBJECT: ABAL'S PROFESSIONAL LIMOUSINE 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: M. CRISTINA ABAL
Name (Printed or typed)

8541 N.W. 178 St.
Address

HALEAH, FL 33015
City, State & Zip

(305) 822-1855 / 931-3415 / 413-4295
Daytime Telephone number

RECEIVED
TALLAHASSEE, FLORIDA

00 JUL 20 PM 2:27

FILED

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

T. Burch JUL 20 2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 13, 2000

M. CRISTINA ABAL
8541 N.W. 178 ST
HIALEAH, FL 33015

SUBJECT: ABAL'S PROFESSIONAL LIMOUSINE SERVICE INC.
Ref. Number: W00000017566

We have received your document for ABAL'S PROFESSIONAL LIMOUSINE SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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 (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 800A00038574

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ABAL'S PROFESSIONAL LIMOUSINE SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8541 N.W. 178 ST.
HIALEAH, FL. 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIMOUSINE / TRANSPORTATION SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

-10-

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

JUAN E. MENDEZ

8541 N.W. 178 ST.
HIALEAH, FL. 33015

ARTICLE VII INCORPORATOR

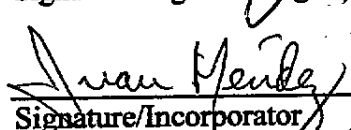

The name and address of the Incorporator is:

SAME: JUAN E. MENDEZ
M. CRISTINA ABAL
8541 N.W. 178 ST.
HIALEAH, FL. 33015

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


Signature/Registered Agent

7-4-00
Date

 / 
Signature/Incorporator

7-4-00
Date

FILED
00 JUL 20 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA