

TRANSMITTAL LETTER

PO 1000015557

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

ABYSSINIA

SUBJECT: ABYSSINIAN LIMOUSINE TRANSPORTATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003672558--0
-02/09/01--01066--002
*****87.50 *****87.50

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: ELIAS T. DEBAW
Name (Printed or typed)

4601 GRAYVIEW CT. 113C
Address

TAMPA, FLORIDA 33609
City, State & Zip

(813) 690-5698
Daytime Telephone number

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

FILED
01 FEB -9 AM 0:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

T. SMITH FEB 12 2001

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ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

Abyssinia Limousine Transportation, Inc.

The principal place of business/ mailing address is:

4601 Grayview ct. 113c Tampa FL 33609

The purpose for which the corporation is organized is:

Luxury Limousine Transportation Service

The number of shares of stock is:

100%

The name(s) and address(es):

ELIAS T. DEBAW 4601 Grayview ct. 113c Tampa FL 33609

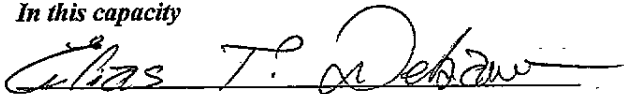
The name and Florida street address of the registered agent is:

ELIAS T. DEBAW 4601 Grayview ct. 113c Tampa FL 33609

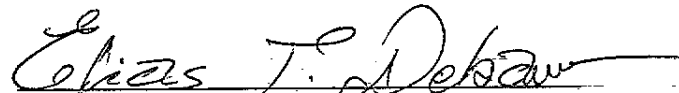
The name and address of the Incorporator is:

ELIAS T. DEBAW 4601 Grayview ct. 113c Tampa FL 33609

Havig 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

Feb. 08 / 01
Date


Signature/Incorporator

Feb. 08 / 01
Date

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TALLAHASSEE FLORIDA
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