

# P010000094875

TRANSMITTAL LETTER

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

000004612820--3  
-09/27/01--01005--006  
\*\*\*\*128.75 \*\*\*\*\*78.75

COMMUNITY TRAFFIC CONSULTANT, INC.

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: JOSEPH RILEY  
Name (Printed or typed)

7900 N W 27 AVE #238

Address

MIAMI, FLA. 33147

City, State & Zip

305-691-9669

Daytime Telephone number

FILED  
01 SEP 28 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# 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:

COMMUNITY TRAFFIC CONSULTANT, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7900 N W 27th AVE Suite 238  
MIAMI, FLORIDA 33147

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ADVISEMENT

## ARTICLE IV SHARES

The number of shares of stock is:

(1) ONE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JOSEPH RILEY PRESIDENT  
7900 N W 27 AVE #238  
MIAMI, FLAORIDA 33147

## ARTICLE VI REGISTERED AGENT

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

JOSEPH RILEY  
7900 N W 27 AVE #238  
MIAMI, FLORIDA 33147

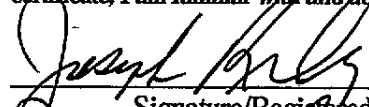
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPH RILEY  
7900 N W 27 AVE #238  
MAIAMI, FLRIDA 33147

\*\*\*\*\*

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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