

TRANSMITTAL LETTER
P01800109417

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

800004663728-- 8
-11/02/01--01019--005
*****87.50 *****87.50

SUBJECT: LEO'S CAB CORPORATION
(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: LEONOR LOPEZ
Name (Printed or typed)

6790 NW 186 ST #209
Address

MIAMI LAKES FL. 33015
City, State & Zip

786-247-2377
Daytime Telephone number

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

LEONOR LOPEZ GAVE
AUTHORIZATION BY PHONE TO
CORRECT Arts.
DATE 11-14-01
DOC. EXAM BC

FILED
01 NOV 13 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FL 32314

11-14-01
25522
WC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 6, 2001

LEONOR LOPEZ
6790 NW 186TH ST., #209
MIAMI LAKES, FL 33015

SUBJECT: LEO'S CAB CORPORATION
Ref. Number: W01000025500

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

Please complete Article(s) .

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 901A00060207

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:

LEO'S CAB CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6790 NW 186TH ST.#209
MIAMI (MIAMI LAKES FL 33015)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI CABS.

ARTICLE IV SHARES

The number of shares of stock is:

1.000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LEONOR STELLA AND HERMES E. LOPEZ
6790 NW 186TH ST # 209
MIAMI LAKES FL.33015
LEONOR STELLA LOPEZ (MANAGER) (VP)
HERMES E. LOPEZ (PRESIDENTE)

ARTICLE VI REGISTERED AGENT

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

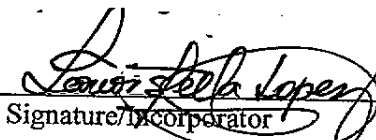
HERMES LOPEZ
6790 BW 186th ST #209, MIAMI LAKES, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONOR STELLA AND HERMES E. LOPEZ
6790 NW 186TH ST # 209
MIAMI LAKES 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/Incorporator


(REGISTERED AGENT)

10-30/01

Date

FILED
01 NOV 13 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA