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N O M S M O

SECRETARY OF STATE STATE CHEROCATIONS



TRANSMITTAL LETTER

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

SUBJECT:	CHECKER	CAB	CO.	of	Tallahassee	
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						

Enclosed is an origin	nal and one(1) copy of the artic	cles 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

FROM:
Gordon Pale Woolard, In
Name (Printed or typed)

1320 F Fallewild Dr.
Address

I Glabanel, FLORIDA 32311
Cityl State & Zip

BSD-508-9675

Daytime Telephone number

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: CAB CO. of Tallahassel ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1320 F Fallewild Tallahassel, PLORIDA 32311 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: engage in any or all lawfull activities. ARTICLE IV SHARES 1 (one) The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> of the registered agent is: Gordon Dale Wooland, Ir. 1320 F Idlewild Dr. Tallahasce, FLARIDA 32311 INCORPORATOR The name and address of the Incorporator is: Bordon Dale Woolard 3 Ir. 1320 F Idlewild Dr. Tallahosse 5 FLORIDA 32311 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