P03000100872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400022373744

09/09/03--01030--004 **78.75

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP -9 PM 3:32

TRANSMITTAL LETTER

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

SUBJECT: ORANGE TAXI 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: Jim Glenn
Name (Printed or typed)

6900-29 Daniels
Address

Ft. Myers, Florida 33912
City, State & Zip

239-281-8888
Daytime Telephone number

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 SEP -9 PM 3:32

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:

ORANGE TAXI CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18491 N. TAMIAMI TRAIL - UNIT B
N. FT. MYERS, FLORIDA 33903 - (239) TAXI

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate a TAXI CAB Company

ARTICLE IV SHARES

The number of shares of stock is: THE NUMBER OF SHARES WHICH THE CORPORATION HAS AUTHORIZED TO BE OUTSTANDING AT ANY ONE TIME IS 100, WITH A PAR VALUE OF $1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

1. Jim GLENN, 6900-29 DANIELS, Ft. Myers, FL 33912 PRESIDENT
2. Jim GLENN - 6900-29 DANIELS, Ft. Myers, FL 33912 VICE PRESIDENT
3. Jim GLENN 6900-29 DANIELS, Ft. Myers, FL. 3391 SECRETARY/TREASURER

ARTICLE VI REGISTERED AGENT

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

Jim GLENN, 6900-29 DANIELS, Ft. Myers, FL 33
(239) 281-8888

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Jim GLENN, 6900-29 DANIELS, Ft. Myers, FL. 3391
(239) 281-8888

****

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

9-2-03
Signature/Registered Agent — Date: 9-2-03

9
Signature/Incorporator — Date: 9-2-03