

P0400000000682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

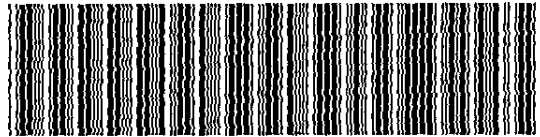
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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RECEIVED  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 JAN -5 AM 10:00

RECEIVED

FILED  
DEPT. OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN -5 AM 10:05

FILED

Handwritten signature and date 1-5-04

## TRANSMITTAL LETTER

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

SUBJECT: BAND B Cab's Inc.  
(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: Robert Bowen  
Name (Printed or typed)

870 Son In Law Rd.  
Address

Bonifay FL 32425  
City, State & Zip

850 547 5655  
Daytime Telephone number

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:

B. And B. Cab's Inc

04 JAN -5 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

870 Son In Law Rd.  
Bonifay, Fl. 32425

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Anything Legal And Lawfu  
in the U.S.A.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares of stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Bryan Bowen VP.  
960 Son In Law Rd.  
Bonifay Fl. 32425

Robert H. Bowen Pres.  
870 Son In Law Rd.  
Bonifay Fl. 32425

**ARTICLE VI REGISTERED AGENT**

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

Robert Bowen  
870 Son In Law Rd  
Bonifay Fl 32425

Justin A. Leavins  
1979 South weeks St.  
Bonifay Fl. 32425

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robert Bowen  
870 Son In Law Rd  
Bonifay Fl 32425

\*\*\*\*\*  
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

Robert H. Bowen

Signature/Registered Agent

1/5/2004

Date

Robert H. Bowen

Signature/Incorporator

1/5/2004

Date