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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I		
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: My Ride INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:

_		·	
\$\frac{1}{2}\$\$\\$\frac{7}{2}0.00\$ Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	DV DEATHDED

FROM: MICHAEL D. RICHEY
Name (Printed or typed)

16900 SLATER RD. # 170
Address

WORTH FT. MyERS, F/A. 33917
City, State & Zip

386-562-291/
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:		
My RIDE, INC.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address o	of this corporation shall be:	
16900 SLATER RO. #170		
NORTH FT. MYERS, F/A. 339,	17	
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is	TO DOWNE SAFE TRANSPORT	MTIO
To individuals who there	TO PROVIDE SAFE TRANSPORT CONSUMED ALCOHOLIC BEVE IS. TO KEEP THE STREETS OF	resq
ON, A DONATION INLY BAS	IS. TO KEEP THE STREETS OF	our
HIGH WAYS SAFER.	•	
The manner in which the directors are elected or appo	untad.	
THRUGH SELECTIVE Appoin		
1 HILL WE H SALASIVE APPO	THIMESO / S,	
APTICIF V INITIAL DIDECTORS AND/OR	ο Αντίονος	
ARTICLE V INITIAL DIRECTORS AND/OR List name(s), address(es) and specific title(s):	COFFICERS	west.
MICHORL D. RICHEY / PRESIDE	CONTINUES CHIEN RO #170 NIFT. MY COST DENT/16900 SLATEN RO #170 NIFT. M 339171 900 SLATEN RO #176 NIFT. MYERS, F	7
FRANKINA HERNANDEZIVICE AN	CES; DENT/16900 SLATER LO 4 170 N. FT. M.	YERS, H
lie A Pierre Mercuser/11	339171 Buch 17 PA #6176 11 FT M 1990	-/-
LISA H. RICHEY / MOSTSURER/16	900 SUNTEX RD #176 N. FT. MYERS, F.	3017
	9	
		<i>J i i j</i>
ARTICLE VI INITIAL REGISTERED AGEN	NT AND STREET ADDRESS	
ARTICLE VI INITIAL REGISTERED AGEN The name and Florida street address (P.O. Box NO	NT AND STREET ADDRESS OT acceptable) of the registered agent is:	
The name and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:	-
The name and Florida street address (P.O. Box NO MICHAEL D. RICHEY 16900 SCATER RD. # 170	OT acceptable) of the registered agent is:	-
The name and Florida street address (P.O. Box NO MICHAEL D. RICHEY 16900 SCATER RD. # 170	OT acceptable) of the registered agent is:	-
The name and Florida street address (P.O. Box NO MICHAEL D. RICHEY 16900 SCATER RD. #170 NORTH FT. MIERS, F/A. 339 ARTICLE VII INCORPORATOR	OT acceptable) of the registered agent is:	-
The name and Florida street address (P.O. Box NO MICHAEL D. RICHEY 16900 SCATER RD. #170 NORTH FT. MYERS, FIA. 339 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	T acceptable) of the registered agent is:	-
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