

P05000110264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA
CLERK OF STATE

FILED
05 AUG -9 PM 1:03
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

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

SUBJECT: _____

GATES CAB 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

Prithweng Singh

Name (Printed or typed)

5334-Central. Forum Parkway

Address

Orlando

FL. 32821

City, State & Zip

203. 722-4130 - ~~101~~

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)

ARTICLE I NAME

The name of the corporation shall be:

GATES CAB INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5334 Central Faluak Parkway
Orlando FL 32821 #195

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CAB

ARTICLE IV SHARES

The number of shares of stock is:

2 - TWO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Prithivraj Singh
2702 Patricia Cir -
Kissimmee FL 34746

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Prithivraj Singh
2702 Patricia Cir -
Kissimmee FL 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Prithivraj Singh
2702 Patricia Cir -
Kissimmee FL 34746

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/Registered Agent

Signature/Incorporator

FILED

05 AUG -9 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/9/2005

Date

8/9/2005

Date