

POS000144576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

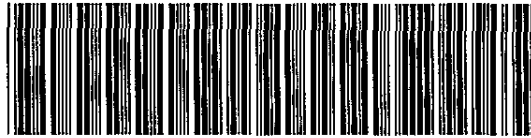
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

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

SUBJECT: CAPITAL TAXI OF PASCO 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: RON EDGERTON

Name (Printed or typed)

20511 HWY 301 NORTH

Address

DADE CITY, FLORIDA 33523

City, State & Zip

352-583-1853

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:

CAPITAL TAXI OF PASCO INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P. O. BOX 1995, DADE CITY, FL. 33526

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEW TAXI SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

RON EDGERTON, P. O. BOX 1995, DADE CITY, FL. 33526

**ARTICLE VI REGISTERED AGENT**

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

RON EDGERTON, 20511 HWY 301 NORTH, DADE CITY, FL. 33523

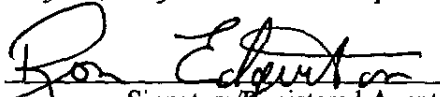
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


RON EDGERTON, 20511 HWY 301 NORTH, DADE CITY, FL. 33523

\*\*\*\*\*

*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

Oct 21 2005  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Oct 21 2005  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA