

P07000132137

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(Business Entity Name)

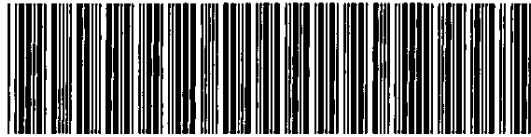
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2007 DEC 13 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C8.12-14

COVER LETTER

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

SUBJECT: Airport Shuttle of St. Augustine, 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: Robin Hines
Name (Printed or typed)

357 Hefferon Drive
Address

St. Augustine, FL 32084
City, State & Zip

904-669-7187
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2007

ROBIN HINES
357 HEFFERON DR.
ST. AUGUSTINE, FL 32084

SUBJECT: AIRPORT SHUTTLE OF ST. AUGUSTINE, INC.
Ref. Number: W07000060214

We have received your document for AIRPORT SHUTTLE OF ST. AUGUSTINE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out the entire articles of incorporation paperwork. You only signed the form. We need all the information in order to file your corporation.

An effective date may be added to the Articles of Incorporation **if a 2008 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call. (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 207A00069718

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:

AirPort Shuttle of St. Augustine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

357 HePferon Dr.
St. Augustine Fl. 32084

US Hwy 1, So

PMB 224

St. Augustine, Fl. 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Airport Shuttle Service

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PDTS Robin Hines
357 HePferon Dr.
St. Augustine, FL. 32084

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Robin Hines
357 Hefferon Dr.
St. Augustine, FL. 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robin Hines
357 Hefferon
St. Augustine, FL. 32084

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

Robin Hines
Signature/Registered Agent
Robin Hines
Signature/Incorporator

12-10-07
Date
12-10-07
Date