

P08000025109

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

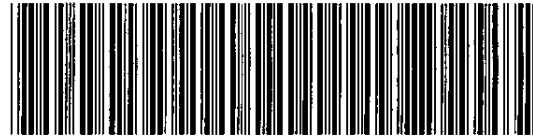
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900119646589

03/07/08--01016--022 \*\*87.50

FILED  
2008 MAR -7 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A.H.  
3-10-08

**COVER LETTER**

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

FILED  
2008 MAR -7 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: JAXRIDES, 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: Dean A Warrick**

Name (Printed or typed)

**8130 Summer Palm CT**

Address

**Jacksonville, FL 32256**

City, State & Zip

**904-316-4210**

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:

**JAXRIDES, Inc.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**8130 Summer Palm CT Jacksonville FL 32256**

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

**Any business deemed legal by the state of Florida**

### **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):

**Dean A Warrick / CEO,D,  
8130 Summer Palm CT  
Jacksonville FL 32256**

**Marcia D Nurse / T,D,S  
10973 River Falls DR  
Jacksonville FL 32219**

**Christopher J Nurse / P,D  
10973 river Falls DR  
Jacksonville FL 32219**

**Terry J McGriff / CFO,D  
8247 Virgo ST  
Jacksonville FL 32216**

FILED  
2008 MAR -7 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Dean A Warrick  
8130 Summer Palm CT  
Jacksonville FL 32256

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Dean A Warrick  
8130 Summer Palm CT  
Jacksonville FL 32256

\*\*\*\*\*

*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*

Dean A Warrick

Signature/Registered Agent

Dean A Warrick

Signature/Incorporator

3/6/08

Date

3/6/08

Date

FILED  
2008 MAR -7 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA