## Florida Department of State Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: CSH SERVICES, LLC

Account Number : 120070000160

Phone

: (800)494-3124

Fax Number

: (561)455-9885

# FLORIDA PROFIT/NON PROFIT CORPORATION

CHOICE CAB SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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Electronic Filing Menu

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CSH SERVICES

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#### 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: CHOICE CAB SERVICE, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4801 GEORGIA AVE.
WEST PALM BEACH, FL 33405

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or pusiness permitted under the laws of the State of Florida.

#### ARTICLE IV SHARES

The number of shares of stock is: 1,500 COMMON SHARES PAR VALUE \$0.01

#### ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(\$), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT:

AL S. JONES

4801 GEORGIA AVE.

WEST PALM BEACH, FL 33405

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CHOICE CAB SERVICE, INC.

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ALS. JONES 4801 GEORGIA AVE. WEST PALM BEACH, FL 33405

## ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

, ALS. JONES

4801 GEORGIA AVE.

WEST PALM BEACH, FL 33405

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.

AL S. JONES (Registered Agent

AL S. JONES /Incorporator

Date