

P88888072540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

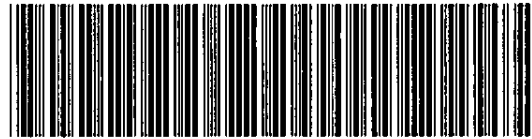
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

58-4-8
200

COVER LETTER

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

SUBJECT: LIME 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
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: MAMDOUH QUIGAR
Name (Printed or typed)
2838 N. 12TH AVE
Address
PENSACOLA, FL-32503
City, State & Zip
850-332 8800
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:

LIME CAB, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2838 N 12TH AVE
PENSACOLA, FL- 32503

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TRANSPORTATION 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):

MAMDOUH QUGAR, 2838 N. 12 AVE PENSACOLA FL- 32503.
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

MAMDOUH QUGAR
2838 N. 12TH AVE. PENSACOLA, FL-32503

ARTICLE VII INCORPORATOR

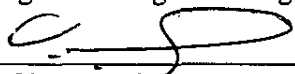
The name and address of the Incorporator is:

MAMDOUH QUGAR
2838 N. 12TH AVE. PENSACOLA, FL-32503

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

Aug-4-2008

Date

Aug-4-2008

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA