# P08000104994

(Requestor's Name)								
(Address)								
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(City/Glate/Zip/Filone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
L04-15982								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
A. LUNT								
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EXAMINER								

Office Use Only



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SECRETARY OF STATE

# **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Servi	ce Cab, Inc.		<b></b>		
	(Name of Resulting	ng Florida Profit Corporat	ion)		
		•	n, and fees are submitted to ation" in accordance with		
Please return all cor	ng this matter to:	TALLAHA			
Henry Marinello			SS.		
	(Contact Person)		E C F S		
Cole, Scott, and Kiss			`9F		
	(Firm/Company)		IDA ITE		
9150 S. Dadeland Bo	ulevard Suite 1400				
	(Address)				
	(City, State and Zip Code)	atter place call:			
roi iuitiici iiioiiiiai	ion concerning uns ma	mer, piease can:			
Henry Marinello		at ( 305 ) 350	05300		
(Name of C	ontact Person)		aytime Telephone Number)		
Enclosed is a check	for the following amou	unt:			
□\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	☑ \$122.50 Filing Fees, Certified Copy, and Certificate of Status		
STREET ADDRESS:		MAILING	ADDRESS:		
Registration Section	•	Registration Section			
Division of Corpora		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Cen	ter Circle	Tallahassee, FL 32314			
Tallahassee, FL 323		i ullullussee,			

## **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate

of Conversion is: Service Cab, LLC (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: limited liability company, limited partnership sole proprietorship, general partnership, common law or business trust, etc. ₹ 5 first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) on March 1, 2004 (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Profit Corporation as set forth in the attached Articles of **Incorporation:** Service Cab, Inc. (Enter Name of Florida Profit Corporation) 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the

effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

Signed	d this	C	day of _	NOUSMA	son		, 20 <i><b>08</b></i>		
<u>Requi</u>	red Sign	nature 1	or Flori	da Profit Co	rporation	<u>1:</u>			
been s	ture of Cl selected, a d Name:	an Inco	rporator:	_ // Oll	געונות	(1	r, if Directors or Offic ator		
<u>Requi</u>	red Sign:	ature(s)	on beha	ulf of Other E	Business E	ntity:	[See below for require	ed	
signati	ure(s).]		24.						
Signat	ure:	9	M.						
Printed	d Name:_	DAN	new C	495man		Title: _	SOLE MEMBER		
Signat	ure:								
Printed	d Name:_					Title: _			
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All otl Signat	ners: ure of an	authoria	zed perso	on.					
Fees:		r Florid d Copy	:	on: s of Incorpor	ration: \$	-	Optional) Optional)		

# 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:

Service Cab, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 800 14th St Key West, Florida 33040

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Any and all legal business in 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):

Darren Guttman, 800 Catherine Street, Key West, Florida 33040; President Evan Guttman, 545 Hunter's Glen Lane, Hendersonville, North Carolina 27023; Vice President, Treasurer, Secretary

Eli Guttman, 800 Catherine Street, Key West, Florida 33040; Vice President

### ARTICLE VI REGISTERED AGENT

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

Henry Marinello Cole, Scott, and Kissane 9150 S. Dadeland Boulevard, Miami, Florida 33156

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Henry Marinello Cole, Scott, and Kissane 9150 S. Dadeland Boulevard, Miami, Florida 33156

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

ture/Registered Agent

grature/Incorporator