P09000075102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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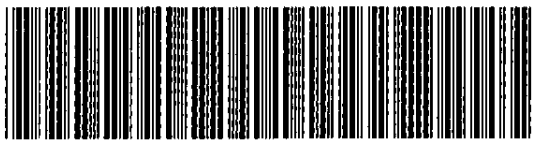

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 09 2009

COVER LETTER

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

SUBJECT: A & M ISLAND CAB SERVICE, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

$122.50 Filing Fee & Certified Copy

$131.25 Filing fee, Certified Copy & Certificate of Status

FROM: ANNA R. SINANAN
Name (Printed or Typed)

587 WAVESIDE DRIVE
Address

MELBOURNE, FL 32934
City, State & Zip

(321) 508-1357
Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit), hereby adopt the following Articles of Incorporation:

ARTICLE I
NAME

The name of the corporation shall be:

A & M ISLAND CAB SERVICE, INC

ARTICLE II
PRINCIPAL OFFICE

The principal place of business/mailing address is:

221 W HIBISCUS BLVD SUITE 292
MELBOURNE, FL 32901

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TALLAHASSEE, FLORIDA

ARTICLE III
PURPOSE

The purpose for which the corporation is organized is :

CAB SERVICE

ARTICLE IV
SHARES

The number of shares of stock is:

5000 SHARES OF COMMON STOCK

ARTICLE V
INITIAL OFFICERS AND/OR DIRECTORS

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

P
ANNA SINANAN
587 WAVESIDE DR
MELBOURNE, FL 32934

VP S T
MITRA SINANAN
587 WAVESIDE DR
MELBOURNE, FL 32934

ARTICLE VI
REGISTERED AGENT

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

ANNA SINANAN
587 WAVESIDE DR
MELBOURNE, FL 32934

ARTICLE VII
INCORPORATOR

The name and address of the Incorporator is:

ANNA SINANAN
587 WAVESIDE DR
MELBOURNE, FL 32934

The undersigned Incorporator has executed these Articles of Incorporation on this 2ND day of SEPT., 2009.

Anna R Sinanan
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMIT'S THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: A & M ISLAND CAB SERVICE, INC .
(must include suffix)

2. The name and address of the registered agent and office is:

ANNA R. SINANAN .
(Name)

587 WAVESIDE DRIVE .
(Address NOT P.O. Box)

MELBOURNE, FL 32934 .
(City, State and Zip)

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Having been named as registered agent and 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.

Anna R. Sinanan
(Signature)

Sept 2 2009 .
(Date)