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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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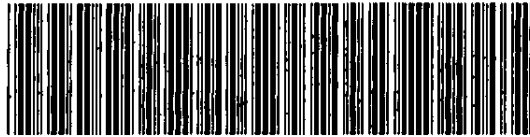
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-26-10 CR

## COVER LETTER

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

**SUBJECT:** Yellow Cab Company of St. Petersburg, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Louis A. Minardi

Name (Printed or typed)

4413 N. Hesperides Street

Address

Tampa, FL 33614

City, State & Zip

813-917-7946

Daytime Telephone number

glenn@yellowcaboftampa.com

E-mail address: (to be used for future annual report notification)

**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:

Yellow Cab Company of St. Petersburg, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4413 N. Hesperides Street

Tampa, FL 33614

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide taxicab transportation services

**ARTICLE IV SHARES**

The number of shares of stock is:

100 (One Hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President Louis A. Minardi 4413 N. Tampa, FL 33614

Vice President Glenn A. Minardi Hesperides St.

**ARTICLE VI REGISTERED AGENT**

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

Glenn A. Minardi

4413 N. Hesperides Street

Tampa, FL 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

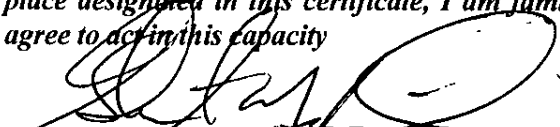
Louis A. Minardi

4413 N. Hesperides Street

Tampa, FL 33614

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*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

3-23-10  
Date

\_\_\_\_\_  
Signature/Incorporator

3-23-10  
Date

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10 MAR 25 AM 11:58  
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TALLAHASSEE, FL 32309