

P10000049167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

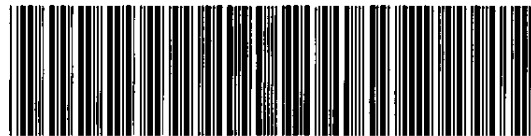
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: A+ AIRPORT SHUTTLE AND TRANSPORTATION

(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: WILLIAM TRIPP
Name (Printed or typed)

4225 A1A SO.
Address

ST. AUGUSTINE, FL. 32080
City, State & Zip

(904)-501-8702
Daytime Telephone number

williamtripp@yahoo.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:

A + AIRPORT SHUTTLE AND TRANSPORTATION INC

ARTICLE II PRINCIPAL OFFICE

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

4255 A1A SO.

ST. AUGUSTINE, FL

32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IS T TO PROVIDE TRANSPORTATION OF PEOPLE

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRES. 4225 A1A SO. ST.

WILLIAM TRIPP AUGUSTINE, FL

32080

ARTICLE VI REGISTERED AGENT

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

WILLIAM TRIPP 4225 A1A SO. ST. AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM TRIPP, 4225 A1A ST. ,AUGUSTINE, FL. 32080

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

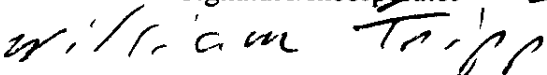
JUNE 1ST.2010

Date


Signature/Incorporator

JUNE 1ST,2010

Date



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SECRETARY OF STATE
TALLAHASSEE, FL