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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

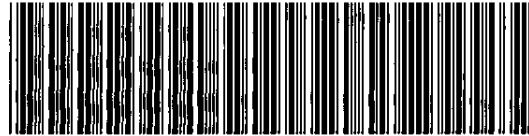
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 04 2010
w10-49044
691

COVER LETTER

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

SUBJECT: ALL COUNTY TAXI & SHUTTLE SVC 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: MICHAEL JOHNSON
Name (Printed or typed)

145 ROLLING SANDS DR
Address

PALM COAST, FL 32164
City, State & Zip

386 238 4444
Daytime Telephone number

ALLCOUNTYTAXI2@AOL.COM
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

ALL COUNTY TAXI & SHUTTLE SVC INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

145 ROLLING SANDS DR
PALM COAST, FLORIDA 32164

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STARTING A PROFESSIONAL CORP FOR A TAXI & SHUTTLE SVC

ARTICLE IV SHARES

The number of shares of stock is: 300

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DUVILSON EUGENE PRESIDENT
Address: 22 WOODFIELD DR
PALM COAST, FL 32164

Name and Title: _____
Address: _____

Name and Title: SYLVIONES GEEFERARD VP
Address: 41 PINE LANE DR
PALM COAST, FL 32164

Name and Title: _____
Address: _____

Name and Title: MICHAEL JOHNSON TREASURER
Address: 145 ROLLING SANDS DR
PALM COAST, FL 32164

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MICHAEL JOHNSON
Address: 145 ROLLING SANDS DRIVE
PALM COAST, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL JOHNSON
Address: 145 ROLLING SANDS DRIVE
PALM COAST, FL 32164

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

Michael Johnson

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Johnson

Required Signature/Incorporator

Date

2010 NOV - 1 PM 1:53
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE