

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: CSH SERVICES, LLC Account Name

Account Number: I20070000160 Phone

: (BOC)494-3124

Fax Number

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# FLORIDA PROFIT/NON PROFIT CORPORATION GRAB A CAB, INC.

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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:

GRAB A CAB, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1910 OAKES BOULEVARD NAPLES, FLORIDA 34119

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

## ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR

ROBERT SIEBOLD

1910 OAKES BOULEVARD

NAPLES, FLORIDA 34119

DIRECTOR

JO ANNE SIEBOLD

1910 OAKES BOULEVARD

NAPLES, FLORIDA 34119

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### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MATT BOWMAN 1910 OAKES BOULEVARD NAPLES, FLORIDA 34119

## ARTICLE VII INCORPORATOR

The name and street address of the Incorporator is:

ROBERT SIEBOLD 1910 OAKES BOULEVARD NAPLES, FLORIDA 34119

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.

MATT BOWMAN / Registered Agent

ROBERT SIEBOLD /Incorporator

5/21/11

Date

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