

P11000097794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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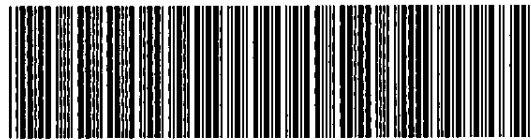
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 10 PM 1:59

PS 11/14/11

COVER LETTER

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

SUBJECT: Yellow cab of Gainesville, Florida 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: Sim H. Banks
Name (Printed or typed)

2525 NE 19 drive
Address

Gainesville Florida 32609
City, State & Zip

(352) 246-8687
Daytime Telephone number

Sbanks828@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

Yellow Cab of Gainesville, Florida Inc.

11 NOV 10 PM 2:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

2525 NE 19th drive
Gainesville, Florida 32609

Mailing address, if different is:

2525 NE 19th drive
Gainesville, Florida 32609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide taxi, medical transportation, delivery services to the general public.

ARTICLE IV SHARES

The number of shares of stock is:

100 Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sim H. Banks III, owner

Address: 2525 NE 19 drive
Gainesville, FL 32609

Name and Title: Diane Archer Banks-Co owner

Address: 2525 NE 19 drive
Gainesville, FL 32609

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Sim H. Banks III

Address: 2525 NE 19 drive
Gainesville, FL 32609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sim H. Banks III

Address: 2525 NE 19 drive
Gainesville, FL 32609

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

Sim H Banks III

Required Signature/Registered Agent

NOV 9, 2011

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.

Sim H Banks III

Required Signature/Incorporator

NOV 9, 2011

Date