

P11000101533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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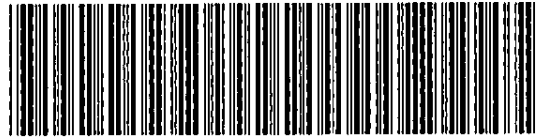
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 NOV 29 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/19/11 5

COVER LETTER

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

SUBJECT: Tally Taxi Service 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: Courtney Gainer
Name (Printed or typed)

198 Bay Pine Dr.
Address

Crawfordville, FL 32327
City, State & Zip

(850) 321-7747
Daytime Telephone number

C-h-210@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: TallyTaxi Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2156 Claremont Ln.
Suite A
Tallahassee, FL 32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Taxi Service

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Courtney Gainer / officer
Address: 198 Bay Pine Dr.
Crawfordville, FL
32327

Name and Title: Krystal Darnell / officer
Address: 443 Woodbridge Rd.
Tallahassee, FL 32303

Name and Title: Henry V Davis II / officer
Address: 3535 Roberts Ave.
Apt. 213
Tallahassee, FL 32310

Name and Title: _____
Address: _____

Name and Title: Whitney Coleman / Mgr.
Address: 2471 Rain Lily Way
Tallahassee, FL 32311

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: Courtney Gainer / officer
Address: 198 Bay Pine Dr.
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry Davis II / officer
Address: 3535 Roberts Ave.
Apt. 213 Tallahassee, FL
32310

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

Courtney Gainer

Required Signature/Registered Agent

11-29-11

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.

Henry Davis II

Required Signature/Incorporator

11-29-11

Date