

P120000080181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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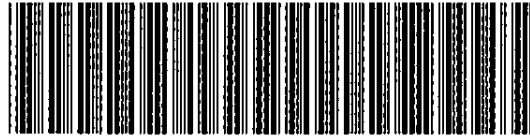
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/12--01016--014 **70.00

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12 SEP 20 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/21/12

COVER LETTER

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

SUBJECT: BLACK TOWN CAR 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: GUILLERMO FRIZZA
Name (Printed or typed)

9180 7th ST. N.
Address

NAPLES, FLORIDA 34108
City, State & Zip

239-269-6931
Daytime Telephone number

gfrizza@msn.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:

BLACK TOWN CAR INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9180 7th St. N.
NAPLES, FL 34108

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRIVATE TAXI SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

GUILLELMO ARIZZA

Name and Title:

PRES. VP. & SEC

Address:

9180 7th St. N.
NAPLES, FL 34108

Address:

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:

GUILLELMO ARIZZA

Address:

9180 7th St. N.
NAPLES, FL 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

GUILLELMO ARIZZA

Address:

9180 7th St. N.
NAPLES, FL 34108

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

Required Signature/Registered Agent

09/17/12
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.

Required Signature/Incorporator

09/17/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA