

P13000016258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

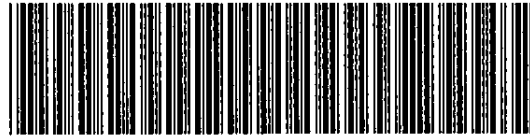
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800244582288

02/18/13--01007--007 **70.00

FILED
13 FEB 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

π 02/19/13

COVER LETTER

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

SUBJECT: PINELLAS COUNTY 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: PETER WIITANEN

Name (Printed or typed)

10636 GANDY BLVD N #100

Address

SAINT PETERSBURG, FL 33702

City, State & Zip

727-557-6329

Daytime Telephone number

peter.wiitanen@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)

ARTICLE I NAME

The name of the corporation shall be: PINELLAS COUNTY TAXI SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4231 55TH AVE N

SAINT PETERSBURG, FL 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

FILED
13 FEB 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER GRABOWSKI / PRESIDENT

Name and Title: PETER WIITANEN / SECRETARY

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PETER WIITANEN
Address: 10636 GANDY BLVD N, #100
SAINT PETERSBURG, FL 33702

FILED
13 FEB 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER WIITANEN
Address: 10636 GANDY BLVD N, #100
SAINT PETERSBURG, FL 33702

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

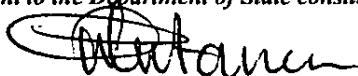


Required Signature/Registered Agent

02/15/2013

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

02/15/2013

Date

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: PINELLAS COUNTY TAXI SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4231 55TH AVE N
SAINT PETERSBURG, FL 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

FILED
13 FEB 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER GRABOWSKI / PRESIDENT Name and Title: PETER WIITANEN / SECRETARY

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PETER WIITANEN
Address: 10636 GANDY BLVD N, #100
SAINT PETERSBURG, FL 33702

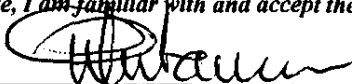
FILED
13 FEB 18 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER WIITANEN
Address: 10636 GANDY BLVD N, #100
SAINT PETERSBURG, FL 33702

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

02/15/2013

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

02/15/2013

Date