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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

MediCab 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: \_\_\_\_\_

Steven C. Smith

Name (Printed or typed)

7100 Colleen Ct

Address

Dayton, OH 45415

City, State & Zip

937-469-4600

Daytime Telephone number

MediCab@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:

Medi Cab Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7100 Colleen Ct

Same as Principal

Dayton Oh 45415

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide transportation for

non-emergency patients

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Steven C Smith (Owner)

Name and Title:

Lisa G Smith (President)

Address

7100 Colleen Ct

Address:

7100 Colleen Ct

Dayton, Oh 45415

Dayton, Oh 45415

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(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: Steven C. Smith  
Address: 13 Magnolia Lane  
Ormond Beach FL 32174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven C. Smith  
Address: 7100 Colleen Ct  
Dayton Oh 45415

*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*

Steven C. Smith 11-5-13  
Required Signature/Registered Agent 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.*

Steven C. Smith 11-5-13  
Required Signature/Incorporator Date

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