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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

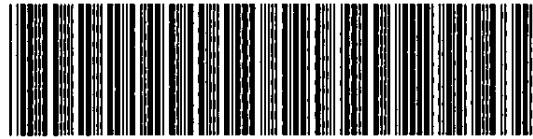
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB 10 AM 10:30  
TALLAHASSEE, FLORIDA

✓ 02/17/14

## COVER LETTER

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

SUBJECT: **YELLOW CAB 24 HR.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: **ALIRIO VALDES**

Name (Printed or typed)

**14502 NW 148TH PL**

Address

**ALACHUA, FLORIDA 32615**

City, State & Zip

**352-454-9126**

Daytime Telephone number

**GNVCAB@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: YELLOW CAB 24 HR.INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

4128 NW 6TH STREET  
GAINESVILLE, FLORIDA 32609

Mailing address, if different is:

PO BOX 1006  
ALACHUA, FLORIDA 32616

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY BUSSINES PERMIT BY STATE OF FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: ALIRIO VALDES, PRESIDENT

Address: 14502 NW 148TH ST  
ALACHUA, FLORIDA 32615

Name and Title: SONIA SILVA, VICE PRESIDENT

Address: 14502 NW 148TH ST  
ALACHUA, FLORIDA 32615

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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ALACHUA, FLORIDA

(conti.)

Name and Title: ALIRIO VALDES

Name and Title: \_\_\_\_\_

Address: 14502 NW 148TH ST  
ALUCHUA, FLORIDA 32615

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: SONIA SILVA

Address: 14502 NW 148TH ST  
ALUCHUA, FLORIDA 32615

**ARTICLE VII INCORPORATOR**

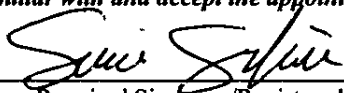
The name and address of the Incorporator is:

Name: ALIRIO VALDES

Address: 14502 NW 148TH ST  
ALUCHUA, FLORIDA 32615

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TALLAHASSEE, FLORIDA

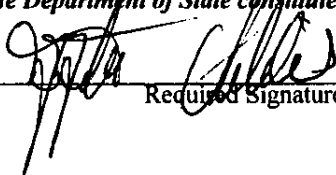
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

01-28/14  
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

1-28/14  
Date

Alachua, Florida Tuesday, January 28, 2014

Whom Concerns:

My corporation is **"Yellow Cab Hr Inc"** has EIN number **32-0374205**.

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