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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019

Phone

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-mai	DAMPOSS			

FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH DADE AIRPORT TAXI CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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S. GILBERT

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I</u>	NAME:	The name of	of the corporation	is:
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SOUTH DADE AIRPORT TAXI	COR
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
9862 SW 1910 ST.	
CUTLER BAY FL 33157	_
	-
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	ALL ALL
JOSE L VILLA (P)	NOV 26
	<u>m</u>
	AM II:
	15 16 16
	
The name and Florida street address (PO Box not acceptable) of the registered a	,
JOSE L VILLA	Bent 13.
9862 S.W. 196 ST	
CUTLER BAY FL 3315	7_
- /	·
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	ator is:
98/02 SUI 1910 ST	
CUTICA BOU EL 22157	
UVILER DAY TE. 33101	

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Required Signatures:

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

11-25-14 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.

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