

P15000004786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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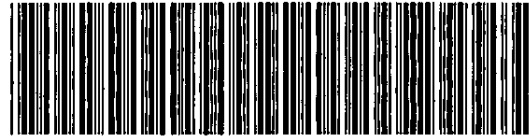
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 160

## COVER LETTER

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

SUBJECT: **TAMPA LIMOUSINE SERVICE COMPANY**  
(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: **SAIMA JAVED**

Name (Printed or typed)

**215 E. DAVIS BLVD**

Address

**TAMPA FL 33606**

City, State & Zip

**813-965-1947**

Daytime Telephone number

**AYESHAJAVED2006@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: TAMPA LIMOUSINE SERVICE COMPANY

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

215 E. DAVIS BLVD  
TAMPA FL 33606

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO PROVIDE GROUND TRANSPORTATION SERVICES.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

|                 |                          |                 |       |
|-----------------|--------------------------|-----------------|-------|
| Name and Title: | <u>SAIMA JAVED</u>       | Name and Title: | _____ |
| Address         | <u>215 E. DAVIS BLVD</u> | Address:        | _____ |
|                 | <u>TAMPA FL 33606</u>    |                 | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |

|                 |       |                 |       |
|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |

(cont.)

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: SAIMA JAVED  
Address: 215 E. DAVIS BLVD  
TAMPA FL 33606

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SAIMA JAVED  
Address: 215 E. DAVIS BLVD  
TAMPA FL 33606

*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*

Saima Javed  
Required Signature/Registered Agent

1-9-15  
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.*

Saima Javed  
Required Signature/Incorporator

1-9-15  
Date