

PI5000018720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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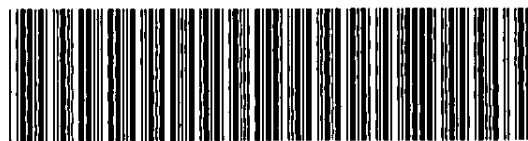
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 26 PM 12:17

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
FILINGS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 26 PM 12:20

APPROVED
AND
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FEB 26 2015

FEB 26 2015

T. SCOTT

OTT

COVER LETTER

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

SUBJECT: Yellow CAB OF North West Florida Leasing 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: DAVID Cobb
Name (Printed or typed)

PO Box 9561
Address

Panama City Beach FL 32417
City, State & Zip

850-233-4441
Daytime Telephone number

TOWMAN 6999 @ G mail . 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 OF NORTHWEST FLORIDA LEASING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

260 South Arnold RD
Panama City Beach FL 32413

PO Box 9561
Panama City Beach FL
32417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MAKE PROFIT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DAVID COBB</u>	Name and Title: <u>Pres</u>
Address: <u>PO Box 9561</u>	Address: <u>PO Box 9561</u>
<u>Panama City Beach FL</u>	<u>Panama City Beach FL</u>
<u>32417</u>	<u>32417</u>

Name and Title: <u>SAME</u>	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: <u>SAME</u>	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: same 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: David Cobb
Address: 260 South Arnold RD
Panama City Bch FL 32413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Cobb
Address: 260 South Arnold RD
Panama City Bch FL 32413

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

[Signature] 02-25-15
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.

[Signature] 02-25-15
Required Signature/Incorporator Date