

P15000038961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

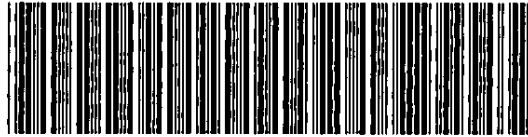
(Business Entity Name)

(Document Number)

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15 APR 24 AM 8:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

WIS-19150

**COVER LETTER**

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

**SUBJECT:** Metropolitan Greater City of Jacksonville Transportation  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) *Service Inc.*

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: Sharyl Johnson  
Name (Printed or typed)

389 King St  
Address

Jacksonville, FL 32204  
City, State & Zip

904 504 0257  
Daytime Telephone number

sharyljohnson@bellsouth.net  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

15 APR 24 AM 10:30  
TALLAHASSEE, FLORIDA

March 18, 2015

SHARYL JOHNSON  
389 KING ST  
JACKSONVILLE, FL 32204

SUBJECT: METROPOLITAN GREATER CITY OF JACKSONVILLE  
TRANSPORTATION SERVICE INC.  
Ref. Number: W15000019150

We have received your document for METROPOLITAN GREATER CITY OF JACKSONVILLE TRANSPORTATION SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 015A00005434

**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: Metropolitan Greater City of Jacksonville Transportation

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

389 King St  
Jacksonville, FL 32204

Service Inc.  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Transportation Service

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

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

Name and Title: Sharyl Johnson - Owner Name and Title: \_\_\_\_\_

Address 389 King St Address: \_\_\_\_\_  
Jacksonville, FL 32204

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

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

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

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

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15 APR 24 AM 8:05  
SECRETARY OF STATE  
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: Sharyl Johnson  
 Address: 389 King St  
Jacksonville, FL 32204

**ARTICLE VII INCORPORATOR**

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

Name: Sharyl Johnson  
 Address: 389 King St  
Jacksonville, FL 32204

*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*

Sharyl Johnson 3/9/15  
 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.*

Sharyl Johnson 3/9/15  
 Required Signature/Incorporator Date

FILED  
 15 APR 24 AM 8:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA