

P15000038961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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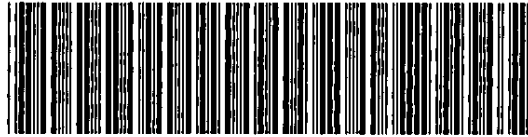
(Business Entity Name)

(Document Number)

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

WLS-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

12.11.2015 10:10:30 AM
12.11.2015 10:10:30 AM

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

Address 389 King St
Jacksonville, FL 32204

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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15 APR 24 AM 8:05
STATE OF FLORIDA
TALLAHASSEE

(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
Required Signature/Registered Agent

3/9/15
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.

Sharyl Johnson
Required Signature/Incorporator

3/9/15
Date

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