

P15000046615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200273050342

05/20/15--01020---001 **70.00

FILED
15 MAY 20 PM 1:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

5/27/15

COVER LETTER

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

SUBJECT: RAM TAXI SERVICE Co.
(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: Mildred Gelfond
Name (Printed or typed)

9000 PARK Blvd #7
Address

SEMINOLE FL. 33777
City, State & Zip

727-410-1613
Daytime Telephone number

gelfond@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

15 MAY 20 PM 1:12

FILED

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:

RAM TAXI SERVICE CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6251-44th Street N. #1902B

PINELLAS PARK, FL, 33781

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAXI SERVICE in ST. Petersburg
Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JEFFREY Gelfond

Name and Title:

Address

9000 PARK Blvd #7

Address:

SEMINOLE FL 33777

Director

Name and Title:

Mildred Gelfond

Name and Title:

Address

9000 PARK Blvd #7

Address:

SEMINOLE FL 33777

Director

Name and Title:

LEONARD Gelfond

Name and Title:

Address

9000 PARK Blvd #7

Address:

SEMINOLE FL 33777

Director

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: LEONARD Gelfond
Address: 9000 PARK Blvd #7
SEMINOLE FL 33777

ARTICLE VII INCORPORATOR

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

Name: Mildred Gelfond
Address: 9000 PARK Blvd #7
SEMINOLE FL 33777

FILED
15 MAY 20 PM 1:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Leonard Gelfond
Required Signature/Registered Agent

May 15, 2015
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.

Mildred Gelfond
Required Signature/Incorporator

5/15/2015
Date