

P15000052861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

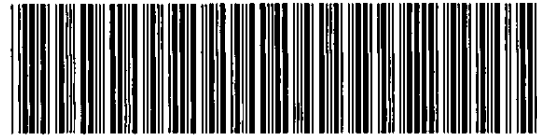
(Document Number)

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WILMINGTON, FLORIDA

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JUN 19 2015

S. GILBERT

COVER LETTER

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

SUBJECT: GATOR CAB 24HRS, 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: FERNANDO VALENTIN
Name (Printed or typed)

14293 NW 29th AVE
Address

GAINESVILLE FL 32606
City, State & Zip

352-562-4091
Daytime Telephone number

TENI.TAXES @ GMAIL.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: GATOR CAB 24HRS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1109 NW 23RD AVE #A1
GAINESVILLE FL 32609

14293 NW 29TH AVE
GAINESVILLE FL 32606

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FERNANDO VALENTIN PRESIDENT Name and Title: _____

Address 14293 NW 29TH AVE Address: _____
GAINESVILLE FL 32606

Name and Title: ELIZABETH VALENTIN VICE-PRESIDENT Name and Title: _____

Address 14293 NW 29TH AVE Address: _____
GAINESVILLE FL 32606

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 JUN 19 PM 2:47

APPROVED
AND
FILED

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: FERNANDO VALENTIN

Address: 14293 NW 29TH AVE
GAINESVILLE, FL 32606

ARTICLE VII INCORPORATOR

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

Name: FERNANDO VALENTIN

Address: 14293 NW 29TH AVE
GAINESVILLE, FL 32606

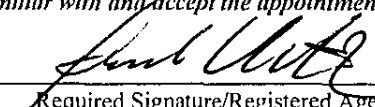
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/19/2015 (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.)

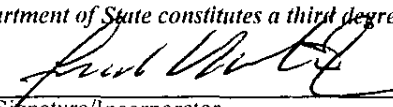
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

06/19/2015
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.


Required Signature/Incorporator

06/19/2015
Date