

P15000056978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

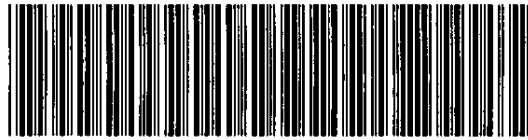
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CLERK OF STATE  
TOLSON, CLERK

7/8/15

## COVER LETTER

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

**SUBJECT:** NORTH FLORIDA TOWN CAR SERVICES, 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:** ARTURO DELLOIACONO JR.  
Name (Printed or typed)  
50 LITKE LANE  
Address  
SAINT AUGUSTINE, FL 32086  
City, State & Zip  
1-904-342-5550  
Daytime Telephone number  
DELLOFLA41175@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 2 2004

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**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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: NORTH FLORIDA TOWN CAR SERVICE, INC.

15 JUL -2 PM 3:25

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50 LITKE LANE

SAME

SAINT AUGUSTINE, FL 32086

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TRANSPORTING OF CUSTOMERS, CLIENT TO AND FROM  
THE AIRPORT. TRANSPORTING OF CLIENTS TO AND FROM SPECIAL EVENTS, MISCELLANEOUS EVENTS.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: ARTURO DELLOIACONO JR. PRESIDE

Name and Title: RITA DELLOIACONO SECRETARY

Address 50 LITKE LANE

Address: 50 LITKE LANE

SAINT AUGUSTINE, FL 32086

SAINT AUGUSTINE, FL 32086

Name and Title: RITA DELLOIACONO V. PRESIDENT

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

Address 50 LITKE LANE

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

SAINT AUGUSTINE, FL 32086

Name and Title: ARTURO DELLOIACONO JR TREASUR

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

Address 50 LITKE LANE

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

SAINT AUGUSTINE, FL 32086

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: ARTURO DELLOIACONO JR

Address: 50 LITKE LANE

SAINT AUGUSTINE, FL 32086

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: ARTURO DELLOIACONO JR

Address: 50 LITKE LANE

SAINT AUGUSTINE, FL 32086

**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*

*Arturo Delloiacono Jr.*

Required Signature/Registered Agent

6/24/2015

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.*

*Arturo Delloiacono Jr.*

Required Signature/Incorporator

6/24/2015

Date