## P15000000133

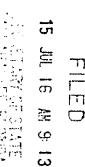
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	e)			
(Document Number)					
Certified Copies	_ Certificates (	of Status			
Special Instructions to Filing Officer.					

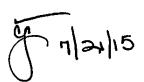
Office Use Only



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## **COVER LETTER**

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

BJECT: Pro	posed	Corporate Name - We Have Limo		
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
alogad are an	oni o	inal and ana (1) same afthe and	dalaa afilmaan aada a	41. 1 6
ioseu are an	origi	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.0	00	<b>\$78.75</b>	<b>□</b> \$78.75	\$87.50
Filing F	ee	Filing Fee	Filing Fee	Filing Fee,
		& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		Status ADDITIONAL COPY REQ		
			ADDITIONAL COLL REQUIRED	
	Gree	gory P. Brogna		
FROM	:		(D.)	
		Name	e (Printed or typed)	
	3361	El Jardin Dr		
		<del> </del>	Address	
		L EL 22024		
	HOII	ywood, FL 33024		
		City,	State & Zip	
	954-	479-1507		7 <del>10</del> 1
		Daytime T	elephone number	
		·	otophone namoe.	
	gbrog	gna@wehavelimos.com		
		E-mail address: (to be use	d for future annual report r	notification)
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
				200

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

## EFFECTIVE DATE 07 13 15

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAM: The name of the corpor	E We Have Limo's Inc.	15 JUL 16 AM S
ARTICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if different is:
Hollywood, FL 33024		
ARTICLE III PURF The purpose for which	POSE Transport the corporation is organized is:	tation
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS	
Name and Tit  Address	3361 El Jardin Drive	Name and Title:  Address:
	Suite #4	
	Hollywood, FL 33024	
Name and Titl	e:	Name and Title:
Address		Address:
Name and Titl	e:	Name and Title:
Address		Address:

Name and	Title:	Name and Title:	
Address		Address:	
<u>ARTICLE VI</u> R	REGISTERED AGENT		
	orida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	Gregory P. Bro	igna	
Address:	3861 els	#din DR #4	
	Hollyseson 10 3	500°	
ABTICLEVII	∨ I <u>NCORPORATOR</u>		<b></b>
<del>_</del>	<del></del>		
The name and add	dress of the Incorporator is:		5
Name:	Gregory P. Brogna	<del></del> _	
Address:	3361 El Jardin Dr. #4		97 6
	Hollywood, FL 33024		इसे ।
Effective date, if o	EFFECTIVE DATE: 7/13/2015 other than the date of filing: ate is listed, the date must be specific aning.)	(OPTIONA) d cannot be more than five busin	L) less days prior or 90 business
	inserted in this block does not meet the ap fective date on the Department of State's		nts, this date will not be listed as
	ned as registered agent to accept service of am familiar with and accept the appointme		
	Mich		7/13/2017
	Required Signature/Registered A	gent	Date
I submit this doci	ument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that the	false information submitted in a
uocument to the L	repartment by state constitutes a intra deg	ree jeumy us proviueu joi in 8.617.	7/12/12/
	Mh		112/0012
Requir	red Signature/Incorporator		<b>D</b> ate