Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000046383 3)))



H160000463833ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

-		
	•	-
	v	-

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
----------------	--

## FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH DADE AIRPORT TAXI CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H16000046383

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
SOUTH DADE ALDDOOT TOVICON	
COULT DIE TIRPORT IAXI COL	+
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	⊀.
9862 SW 196 ST 33157	7
WILER LAY IL SSIST SE S	,
FG B	
ARTICLE III SHARES: The number of shares of stock is:	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
JOSE L VILLA (President)	
Victi (Flesiden)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
JOSE L VILLA	
<u>9862</u> SW 196 ST	
CUTLER BAY FL 33157	
<u></u>	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  JOSE L VILLA	
007-0	
9802 SW 1960 ST	
WILER DAY TL 33101	

H16000046383

## Required Signatures:

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 in this capacity

Registered Agent 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.

\_Date