

P16D000043078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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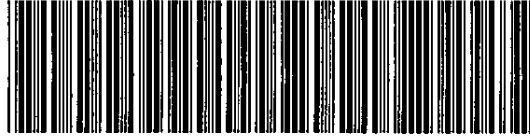
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAY 13 AM 7:35  
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## COVER LETTER

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

**SUBJECT:** MIAMI-DADE UBER TAXI. INCORPORATED

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** MIAMI-DADE UBER TAXI. INC

\_\_\_\_\_  
Name (Printed or typed)

344 NE 56 STREET

\_\_\_\_\_  
Address

MIAMI, FLORIDA. 33137

\_\_\_\_\_  
City, State & Zip

305-438-1111

\_\_\_\_\_  
Daytime Telephone number

MIAMIDADEUBERTAXI@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: MIAMI-DADE UBER TAXI. INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

344 NE 56 STREET

MIAMI, FLORIDA. 33137

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: MIGUEL A. SIMISTERRA, SR. PRESIDE

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

Address 344 NE 56 STREET

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

MIAMI, FLORIDA .33137

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
16 MAY 13 AM 7:35  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

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: MIGUEL A SIMISTERRA

Address: 344 NE 56 STREET

MIAMI, FLORIDA. 33137

**ARTICLE VII INCORPORATOR**

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

Name: MIGUEL A. SIMISTERRA

Address: 344 NE 56 STREET

MIAMI, FLORIDA. 33137

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MAY 12, 2016. (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.

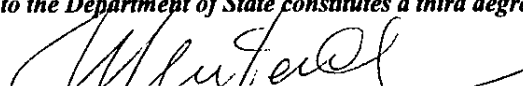
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

MAY 12, 2016

\_\_\_\_\_  
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

MAY 12, 2016

\_\_\_\_\_  
Date