

10/13/2016

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LAZARUS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
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
ALL BUSINESS TAXI'S RENTAL, CORP.**

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

RECEIVED

16 OCT 13 PM 4:03

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BUREAU OF COMMERCIAL
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N. SAMS

OCT 14 2016

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

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ARTICLE I NAME: The name of the corporation is:

All Business Taxi's Rental, Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3970 NW 27th St
Miami FL 33142

2016 OCT 13 PM 5:44
CLERK OF THE COURT
JULIA HANSEN, CLERK

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JUAN E. HINCAPIE, PRES DIRECTOR
CARLOS SUAREZ, VP, DIRECTOR

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JUAN E. HINCAPIE
3970 NW 27 ST
Miami FL 33142

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

JUAN E. HINCAPIE
3970 NW 27 ST
Miami FL 33142

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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 act in this capacity

* Juan E. Hincapié
Registered Agent

10/13/16
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.

* Juan E. Hincapié
Incorporator

10/13/16
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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