Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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## FLORIDA PROFIT/NON PROFIT CORPORATION Gotham Shuttle Service Inc.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE II PRIN	<u>CIPAL OFFICE</u>				
	Principal <u>street</u> address		Mailing address, if different is:		
3850 Benson Park Blvd. Orlando Fl 32829		38	850 Benson Park Bive		
		0	Prlando Fl 32829		
ARTICLE III PURI The purpose for which	OSE To trans the corporation is organized is:	sact any and all	l lawful activity for w	hich a corporation	
may be formed.			<del></del>		
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## From 7188897420 1.718.889.7420 Thu Dec 29 09:57:17 2016 MST Page 3 of 3

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
	REGISTERED AGENT		닆
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Steve Swe	_	FI DEF
Address:	3850 Benson Park Blvd.		
	Orlando FL 32829		29 P
<u>ARTICLE VII</u>	INCORPORATOR		PH 2:
The name and	address of the Incorporator is:		<u></u>
Name:	TEMITAYO OBADINA	_	
Address:	3950 BENTON AME BUYO  OCUMNOS FL. 32929	<del></del>	
	OCLANDO FL. 32929	<del>_</del>	
ARTICLE VIII	EFFECTIVE DATE:	ORTIONAL	
(If an effective filing.)	if other than the date of filing:	of he more than five days prior or \$	0 days after the
Note: If the da the document's	te inserted in this block does not meet the applicabl effective date on the Department of State's records	e statutory filing requirements, this da	te will not be listed as
Having been no this certificate,	amed as registered agent to uccept service of proces I am familiar with and accept the appointment as re	ss for the above stated corporation at egistered agent and agree to act in this	the place designated in capacity
X1+	X lun	,	12/21/16
an property and the state of th	Required Signature/Registered Agent		Date
I submit this do	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	e true. I am aware that the false info ny as provided for in s.817.155, F.S.	rmution submitted in a
lear	Junted Swaanure Incorporator		12/2/16 Date
12,00	united Suprature/Incorporator		/ Date