

P18000061099

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

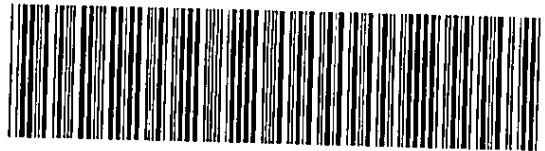
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JUL 13 2019

T. SCOTT



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05/25/18--01022--002 \*\*70.00

2018 JUL 13 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2018

ALL STAR TAXI  
5974 NW 29TH STREET  
SUNRISE, FL 33311

SUBJECT: ALL STAR TAXI TRANSPORTATION  
Ref. Number: W18000050790

We have received your document for ALL STAR TAXI TRANSPORTATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 518A00011167

## COVER LETTER

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

SUBJECT: ALL STAR TAXI TRANSPORTATION INC  
(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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ALL STAR TAXI  
Name (Printed or typed)

5974 N.W 29<sup>th</sup> STREET  
Address

Sunrise, FL 33311  
City, State & Zip

954-822-0004  
Daytime Telephone number

WilBERT Nelson 01@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: ALL STAR TAXI TRANSPORTATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5974 NW 29TH STREET  
SUNRISE, FL 33311

5974 NW 29TH STREET  
SUNRISE, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRANSPORTATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILBERT NELSON (P.) Name and Title: \_\_\_\_\_

Address 5974 NW 29TH ST Address: \_\_\_\_\_  
SUNRISE, FL 33311

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

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

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

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

FILED  
2018 JUL 12 PM 2:39  
SECRETARY OF STATE  
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: WILBERT NELSON  
Address: 5974 N.W. 25<sup>TH</sup> ST  
SUNRISE, FL 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALL STAR TAXI  
Address: 5974 N.W. 25<sup>TH</sup> ST  
SUNRISE, FL 33311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Wilbert Nelson  
Required Signature/Registered Agent

05-22-18  
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 § 817.155, F.S.*

Wilbert Nelson  
Required Signature/Incorporator

05-22-18  
Date