

A23000056725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

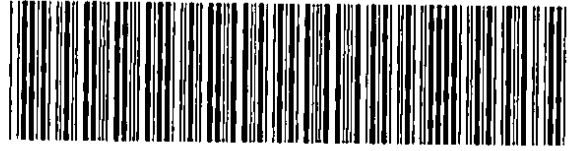
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/01/23--01010--006 **70.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2023 AUG -1 AM 11:07

2023 - - PM 2:18

RECEIVED

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 8/1

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING INC _____

1. SERVI TAXI.CAB
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Corrected



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2023

CORPORATE ACCESS, INC.

SUBJECT: SERVI TAXI.CAB
Ref. Number: W23000104664

We have received your document for 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.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 823A00017303

RECEIVED
2023 AUG - 2 PM 4:05
REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Servi Taxi.Cab Corp

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

FROM: _____ Total Accounting Services
Name (Printed or typed)

14651 SW 148th Street Circle

Address

City, State & Zip

Miami FL 33196

Daytime Telephone number

(305) 495-8863

E-mail address: (to be used for future annual report notification)

Taservices01@gmail.com

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: Servi taxi.cab Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3640 NW 22nd Court
Apt 2
Miami FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business and transportation Services

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:) Erling Elizabeth Moreno
President= 100% /100 Shares

Name and Title:

Address
3640 NW 22nd Court
Apt 2
Miami FL 33142

Address:

Name and Title:

2023 AUG -2 PM 2:19

ARTICLE VI
The **name and**
registered

REGISTERED AGENT
Florida street address (P.O. Box NOT acceptable) of the
agent is:

Name: Erling Elizabeth Moreno

Address: 3640 NW 22nd Court
Apt 2
Miami FL 33142

ARTICLE VII

INCORPORATOR

The **name and**

address of the Incorporator is:

Name: Erling Elizabeth Moreno

Address: 3640 NW 22nd Court
Apt 2
Miami FL 33142

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/01/2023. (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

Erling Elizabeth Moreno *Erling Moreno* 08/01/2023
Required Signature/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.

Erling Elizabeth Moreno *Erling Moreno* 08/01/2023
Required Signature/Incorporator Date

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