# P23000071928

. (1	Requestor's Name)
	Address)
	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
,	
	Document Number)
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Codifical Conins	Continuous of Clatus
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer:

Office Use Only

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#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 4, 2023

Ref. Number: W23000135567

CORRECTED
PIESSO Allow For
Samo Filo Date SUBJECT: GETAWAY DRIVER INC.

We have received your document for GETAWAY DRIVER INC.. However, the document has not been filed and is being returned for the following:

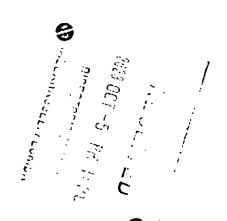
You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 723A00022878



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# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/03/2023	<del>-</del>	₩WALK IN
ENTITY NAME Getaw	ay Driver Inc.	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	.*
xxxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	: Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINA		
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$70	ACCOUNT #: 1201600000	072
	E R FM	
Please call Tina at i	the above number for any issues or concerns. Thank you	so much!

### **COVER LETTER**

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

Getaway Driver Inc.

SUBJECT: Ge	etaway Driver Inc.		
	(PROPOSED CORPOR/	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
(X \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Centified Copy & Centificate of Status
		ADDITIONAL CO	OPY REQUIRED
	3899 Hawks Landing Cir	e (Printed or typed) Address	
	Pace, FL 32571	Addics	
		, State & Zip	
	850-686-1220 Daytime T	Celephone number	
b	randon@getawaydriverllc.co	om	
	E-mail address: (to be use	d for future annual report r	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 1 NAMI The name of the corpor	<u>e</u> ation shall be: <u>Getaway Driver In</u>	c	<del></del>
<u>ARTICLE II PRIN</u> 3899 Hawks Lan Pace, FL 32571	Principal street address	3899 F Pace,	Mailing address, if different is: lawks Landing Cir FL 32571
ARTICLE III PURF	OSE the corporation is organized is: Providi	ng driving services as	the driver.
		_	
<u></u> .			<u> </u>
			1:0
	AL OFFICERS AND/OR DIRECTORS  le: Iris Farrington - Treasurer  3899 Hawks Landing Cir	Name and Title	Brandon Snyder - President 3899 Hawks Landing Cir
Address	Pace, FL 32571	Address:	Pace, FL 32571
Name and Title	e:	Name and Title	:
Address		Address:	
		<del></del>	
Name and Title	<u> </u>	Name and Title	:::
Address		Address:	

Name and	! Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	<u>S</u>
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	URS AGENTS, LLC	the registered agent is:
Address:	3458 Lakeshore Drive	ا دی
	Tallahassee, FL 32312	70 24
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VII	<u>INCORPORATOR</u>	ස
The name and ad	<u>dress</u> of the Incorporator is:	
Name:	Brandon Snyder	
Address:	3899 Hawks Landing Cir	
	Pace, FL 32571	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	(OPTIONAL) be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable sfective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	ed as registered agent to accept service of process for smillar with and accept the appointment as registere	r the above stated corporation at the place designated in this d agent and agree to act in this capacity
9m	Kathy Clark, Asst. S Required Signature/Registered Agent	Secretary 10/3/2023
	Required Signature/Registered Agent	Date
	iment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
<i>B</i>	randon J. Snyder e/Incorporator	9/28/23
Required Signatur	re/Incorporator//	Date