

P 24000071810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

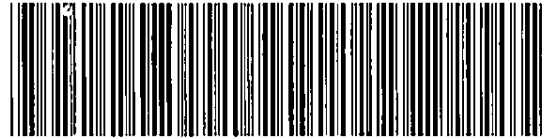
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 24000150202

Office Use Only



700438674427

10/31/24--01027--012 **87.50

FILED
2024 OCT 31 AM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2024 NOV 18 PM 4:29

November 6, 2024

SECRETARY OF STATE
TALLAHASSEE, FL

JOSEPH YVES CIUS
9 CROSSING CIRCLE APT-B
BOYNTON BEACH, FL 33435 US

SUBJECT: AMERICAN CAB/LIMO AIRPORT SERVICES CORP :DBA JOE'S
TRANSPORTING
Ref. Number: W24000150202

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 624A00024395

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

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

SUBJECT: American Cab/Limo/Airport Services 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

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

FROM: Cius, Joseph Yves
Name (Printed or typed)

9 crossing circle Apt B
Address

Boynton Beach, FL 33435
City, State & Zip

561-460-6445
Daytime Telephone number

lovecius@yahoo.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: American Cab/Limo/Airport services corp

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9 CROSSING Circle Apt-B
Boynton Beach, FL 33435

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Publix Transportation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cius, Joseph Yves (PO) Name and Title: _____

Address: 9 CROSSING Circle Apt-B Address: _____

Boynton Beach, FL 33435

N/A

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

N/A

N/A

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

N/A

N/A

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:

Cius, Joseph Yves

Address:

9 Crossing Circle Apt-B
Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Cius, Joseph Yves

Address:

9 Crossing Circle Apt-B
Boynton Beach, FL 33435

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:

Required Signature/Registered Agent

Date

11/14/2024

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.

Required Signature/Incorporator

Date

11/14/2024

FILED
2024 OCT 31 AM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA