

OFFICE USE ONLY (Document #)	95 JAN 26 PM IN U.	
(Requestor's Name) (Requestor's Name) (Aldrens)	CALLED TO CORPORATION	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(City, State, Zip) (Ph	0141C	B USB ONLY
CORPORATION NAME(s) &	DOCUMENT NUMBER(S) (if known):
1. Exquisite Lines (Corporation Name)	SINE SERVICE, - TVC.	ioni #}
2. (Corporation Name)	(Dodun	Tarit #1
3.	toudin	1011. # /
(Corporation Name)	(Docum	sent #)
4. (Corporation Name)	(Docun	non1 #1"
Wulk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	Director LAHASSEE, FLORIE
Profit	Amendment	SSS 26
NonProfit	Resignation of R.A., Officer	/Director
Limited Liability	Change of Registered Agent	ESE =
Domestication	Dissolution/Withdrawal	Dr
Other	Merger	
OTHER FILNGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	
	Trademark	OVal a OF
	Other	Smc 1-26-95

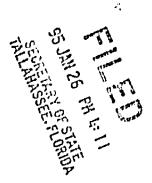
Examiner's Initials

CR2E031(9/92)

The Business Plan (Exquisite Limousine Service, INC.)

Organization

Articles Of Incorporation Of Exquisite Limousine Service, Inc.



The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, adopt the following Articles Of Incorporation:

Article I. Name

The name of this corporation is Exquisite Limousine Service, INC.

Article II. Corporate Address

The principal office will be the same as the registered office.

Article III. Purpose

The Corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation Act.

Article IV. Capital Stock

The aggregate number of shares that the Corporation has authority to issue is 7,500, all of which shall be common shares with par value of \$1.00.

Article V. Registered Office

The street address of the initial registered office of the Corporation is 745 Lake Swoope Drive - Lake Alfred, Florida 33850 and the name of the initial registered agent at that address is Alvin K. Maultsby.

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Business
Plan
(Exquisite Limousine Service, INC.)

Organization Continued

Article VI. Directors

The initial Board of Directors of the Corporation shall consist of one (2) members. The names and addresses of the members of the first Board of Directors are:

Name Address

Alvin K, Maultsby P.O. Box 1004

Lake Alfred, Florida 33850

Dale Crosby P.O. Box 192

Lake Alfred, Florida 33850

Article VII. Incorporators

The name and address of the incorporators are:

Alvin K. Maultsby
P.O. Box 1004

Lake Alfred, Florida 33850

Dale Crosby P.O. Box 192

Lake Alfred. Florida 33850

IN WITNESS WHEREOF, we have subscribed our names at

on (date)

(M. 11 11) A

Alvin K. Maultsby

Dale Crosby

The Business	
Plan (Exquisite Limousine Service, INC.)	
Organization Continued	
STATE OF FLORIDA COUNTY OF	
On	ore me <u>alvin K. Ma</u> w Hsby
the undersigned officer, personally app	seared Dale a. Clobsy
	to me to be the person(s)
whose name is subscribed to the instru executed the instrument for the purpos	ment within, and acknowledge that he ses contained in the instrument.
IN WITNESS WHEREOF, I sig	n)here and set my official seal.
Total	acoul (Indessor)
Title (JACQUELYN ANDERSON Notary Public, State of Florida
My Commission Expires:	My comm. expires Apr. 9, 1996 Comm. No. CC192783

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

95 JAH 26 PH 1:11

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned SSEE, FLORIDA statement in designating the registered office/registered agent, in the state of Florida.

- 1. The name of the corporation is: Exquisite Limousine Service, INC.
- 2. The name and address of the registered agent and office is:
 Alvin K, Maultsby
 745 Lake Swoope Drive
 Lake Alfred, Florida 33850

Signature Al K. Maul.	Gler Gler
Tille President	FLD Whown
Date 11-25-94	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature Al Maula 7 LDL Show	Uη
Notary Signature acque and	
My Commission Expires:	
Date 11/25/94 LACQUELYN ANDERSON Notary Public, State of Florida My comm. expires Apr. 9, 1996 Comm. No. CC192783	