

P95000026506

TRANSMITTAL LETTER

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

RECEIVED
95 APR -4 AM 9:45
DIVISION OF CORPORATION

800001446778
-04/04/95-01007-011
*****78.75 *****78.75

SUBJECT: YELLOW CAB OF CLAY COUNTY, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: SANFORD L. STEINMAN

Name (printed or typed)

11530 PHILLIPS HIGHWAY

Address

JACKSONVILLE, FL 32256

City, State & Zip

(904) 292-3770

Daytime Telephone number

Walker

*Per Michelle
correct RH
address*

NOTE: Please provide the original and one copy of the articles.

NANCY HENDRICKS APR - 4 1995

ARTICLES OF INCORPORATION

FILED
95 APR -4 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

YELLOW CAB OF CLAY COUNTY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11530 PHILLIPS HIGHWAY
JACKSONVILLE, FL 32256

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SANFORD L. STEINMAN
11530 Phillips Hwy.
~~4121 NAKEMA DRIVE SOUTH~~
JACKSONVILLE, FLORIDA 32256

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SANFORD L. STEINMAN
4121 NAKEMA DRIVE SOUTH
JACKSONVILLE, FL 32257

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of _____, 19____.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: YELLOW CAB OF CLAY COUNTY, INC.

2. The name and address of the registered agent and office is:

SANFORD L. STEINMAN

(Name)

11530 PHILLIPS HIGHWAY

(P.O. Box or Mail Drop Box **NOT** acceptable)

JACKSONVILLE, FL 32256

(City/State/Zip)

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)

(Date)

95 APR -4 1995
FILED
CLAY COUNTY
FLORIDA