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RECEIVED TRANSMITTAL LETTER

95 APR -4 AM 9: 45 SIVISION OF COMPORATION

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

SUBJECT: ACCENT LIMOUSINE SERVICE, INC.

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee Filing & Certified Copy Certified		
FROM: SANFORD L. STEINMAN				
	Nam	e (printed or typed)	•	
	11530 PH	ILLIPS HIGHWAY		
		Address		
			<u></u>	•••
		City, State & Zip		
•		(904) 292-2888 Daytime Telephone number		\ \ \
	Juyu		Qo2	والمالي

(Proposed corporate name - must include suffix)

ARTICLES OF INCORPORATION

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:

ACCENT LIMOUSINE SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

11530 PHILLIPS HIGHWAY
JACKSONVILLE, FLORIDA 32256

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sanford L. Steinman
1530 Phillips HUMA
4121 NAKEMA DRIVESCUTH
JACKSONVILLE, FLORIDA 32257

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 JACKSONVLLE, FLORIDA 32257

The undersigne	d incorporator(s) has(have) execu	ted these Articles of Incorporation this
4th	day ofApril	199 ⁵ .
	Surpt The	
	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 & 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:_	ACCENT	LIMOUSINE	SERVICE,	INC.	-
	-	······································		·		
2. The name	and address of the reg	istered ag	ent and office	is:		
					<u> </u>	က က
	SANFORD L. ST	'EINMAN				===
		(Name)				1
	11530 PHILLIF	S HIGHW	AY			• • •
	(P.O. Box or N	/lail Drop B	OX NOT accep	table)		. -
	JACKSONVILLE.	FL 32	256		_	·
		(City/State/	Zip)		_	
Having been above stated the appoint to comply will formance of the tion as registrates.	n named as registereo a d corporation at the plac ment as registered agen ith the provisions of all s my duties, and I am fam tered agent.	gent and to e designat t and agree tatutes re iliar with a	o accept serviced in this cervice to act in this lating to the pand accept the	ice of procestificate, I he capacity. I proper and constitutions	ss for the reby acc further a complete of my p	e :ept :gree per- :osi-
Sing	of Men		4	41410=	-	

(Signature)

(Date)