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TRANSMITTAL LETTER SIVED

95 APR -4 AM 9: 45 EVISION OF COMPERATION

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

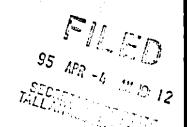
SUBJECT: EXECUTIVE CAB COMPANY, INC.

400001446794 -04/04/95--01027--017 *****78.75 *****78.75

sed corporate n	iame - must include suffi	XI		
d one (1) co \$78.75 Filing Fee Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	and a cho	eck
FROM: EXECUTIVE CAB COMPANY, INC. Name (printed or typed)				
Address				
JACKSONVILLE, FL 32256				
City, State & Zip				
		- Poz (المالية	905 045
	d one (1) co \$78.75 Filing Fee Certificate EXECUTIV Name 11530 PH JACKSONV Cit	d one (1) copy of the articles of \$78.75	\$122.50 \$131.25 Filing Fee Certified Copy & Certified Copy & Certificate Additional Copy Required EXECUTIVE CAB COMPANY, INC. Name (printed or typed) 11530 PHILLIPS HIGHWAY Address JACKSONVILLE, FL 32256 City, State & Zip (9040 292-3770	d one (1) copy of the articles of incorporation and a cheese testing fee \$122.50

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

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:

EXECUTIVE CAB COMPANY, 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:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SANFORD L. STEINMAN
11530 Phellips Hous.
4121 NAKEMA DRIVE SOUTH
JACKSONVILLE, FL 3225%

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

_day ofApril	. 19 <u>95</u> .
m 2 15	
Signature	
Signature	
	_

Articles of Incorporation Filing Fee - \$35

Signature

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: EXECUTIVE CAB COMPANY,	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)	. 12
	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.

14/175 (Signature) (Date)