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TRANSMITTAL LETTER

RECEIVED

95 APR -4 AM

DIVISION OF CORP.

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

1000001445791
04795-01027-016
*****78.75 *****78.75

SUBJECT: SURFSIDE CAB COMPANY, 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

Walk-in

*Per Michelle
Correct RA
address.*

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

NANCY HENDRICKS APR - 4 1995

ARTICLES OF INCORPORATION

FILED
95 APR -4 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SURFSIDE 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
~~4121 NAREMA DRIVE SOUTH~~
11530 Phillips Hwy
JACKSONVILLE, FLORIDA 32256

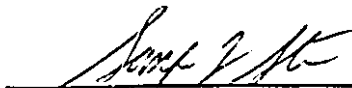
ARTICLE V INCORPORATOR(S)

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

4th day of April, 1995.



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: SURFSIDE 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)

JACKSONVILLE, FL 32256

(City/State/Zip)

Having been named as registered agent and 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)

4/4/95
(Date)