

TRANSMITTAL LETTER

SUBJECT: CASINO CAB CO., INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

Casino Cab Co., Inc.
Name
175 Thorpe Road
Address
Orlando, FL 32824
City, State, & Zip
(407) 888-8388
Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 16 AM 9:46

FILED

yes, I want
a certified
copy. Thank you!
Edna

Note: Additional copy of articles is needed only when certified copy is requested.

12.18.96
KE

ARTICLES OF INCORPORATION

of

Casino Cab Co., Inc.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Casino Cab Co., Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Thousand shares (1,000) of One Dollar(s) (\$ 1.00) per value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	Edna Dakkak		
ADDRESS	175 Thorpe Road		
CITY	Orlando	FLORIDA	ZIP 32824

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Edna Dakkak		
ADDRESS	175 Thorpe Road		
CITY	Orlando	STATE Florida	ZIP 32824
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE V INCORPORATION(S)

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

Edna Dakkak
175 Thorpe Road
Orlando, FL 32824

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

_____ 12th _____ day of December _____, 19 96 .

Edna Dakkak / Pres.
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

CASINO CAB CO., INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 175 Thorpe Road
Orlando, FL 32824

has named Edna Dakkak
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at
the place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provisions of Florida Law in keeping open said office.

Edna Dakkak
(registered agent)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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: CASINO CAB CO., INC.

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

Edna Dakkak
(NAME)

175 Thorpe Road
(P.O. BOX NOT ACCEPTABLE)

Orlando, Florida 32824
(CITY/STATE/ZIP)

FILED
96 DEC 16 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE


(corporate officer)

TITLE President

DATE 12/12/96

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 12/12/96

REGISTERED AGENT FILING FEE: \$35.00