Department of State **Division of Corporations** P. O. Box 6327

Tallahassee, FL 32314

Capital City Cab Company, inc. SUBJECT: (Proposed corporate name - must include suffix)

4000022

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** 

**\$131.25** Filing Fee,

Filing Fee & Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Mark R. Vollertsen FROM: Name (Printed or typed) P.O.Box 7557 Address Tallahassee, Florida 32314 City, State & Zip (904) 878-4906 Daytime Telephone number

SCALL EXPERIE

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

n 7/29/97

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## ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florage AHASSER, FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Capital City Cab Company, inc.

# ARTICLE II PRINCIPAL OFFICE

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

P.O.Box 7557

Tallahassee, Florida 32314

## ARTICLE III SHARES

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

500 Shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Mark R. Vollertsen

19 Harbour Point Drive

Crawfordville, Florida 32327

#### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

P.O.Box 7557

Mark R. Vollertsen

Tallahassee, Florida 32314

Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

7-23.97

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