108000066115 TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OIVESION CARE OF ATATIONS
98 JUL 27 PM 2:20

SUBJECT:		CAB	Comp	•
	(Pro	posed corporate	: name - must	include suffix)

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Enclosed is an original	and one(1) copy of the articles	s 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 Cop & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	JERY Moskowitz Name (Printed or typed)			
-	2284 N.W. 36 STREET			
-	MiAmi	F/A. 3	3142	
	City, State & Zip			
-		633 -2227 Telephone number		

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

1,25

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

JERRY'S CAB COMPANY



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

2284 N.W. 36STREET MIAMI Fl 33142

ARTICLE III

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

1,000 Shares

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JERRY Mostowitz 11556 N.W 49 Ct. CORAL Springs Fl 33076

INCORPORATOR ARTICLE V

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

JERRY MOS Kowitz 11556 NW 49 CF. CORAI Spain FA

To CORACE Mostowitz 11356 NW 49 CF. CORAI Spain FL

Signature/Incorporator

(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 Age