

TRANSMITTAL LETTER
P 98000078312

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

800002632888--2
-09/04/98--01122--010
*****78.75 *****78.75

SUBJECT: TAKEOUT TAXI TOO, 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: CLAUDIA L. NAGY
Name (Printed or typed)

7374 NW 5 ST
Address

PLANTATION FL 33317
City, State & Zip

954-316-5001
Daytime Telephone number

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

98 SEP -4 PM 2:22

FILED

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

CB
9-5-98
2

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 1 NAME

The name of the corporation shall be:

Takeout Taxi Too, Inc.

ARTICLE 2 PRINCIPLE OFFICE

The principle place of business and the mailing address shall be:

7374 NW 5 ST
Plantation, FL 33317

ARTICLE 3 SHARES

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

100 (one hundred)

ARTICLE 4 INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Claudia L Nagy
7374 NW 5 ST
Plantation, FL 33317

ARTICLE 5 INCORPORATOR

The name and address of the incorporator to these articles are:

Claudia L. Nagy
7374 NW 5 ST
Plantation, FL 33317

Claudia L Nagy
Signature/Incorporator

9.2.98
Date

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 hereby agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered agent.

Claudia L Nagy
Signature/Registered Agent

9.2.98
Date

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TALLAHASSEE, FLORIDA

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