POPOOOO21520

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

T-01	. U. AAA AA		000027941 -03/04/9901 ****122.50	L D-4 1033013 *****78.79
SUBJECT: 79	Proposed co	orporate name - must include si	uffix	
			,	
Enclosed is an original a	and one(1) copy of the arti	icles 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 CO	PY REQUIRED	
FROM:	PAULA Name	7/LLE/L (Printed or typed)	<u> </u>	1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>
	1270 FAIR	FAX COURT	· · · · · · · · · · · · · · · · · · ·	To the second se
	WESTON, F.	L. 33326 7, State & Zip	99 MAR -4	ON OF CO

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

Daytime Telephone number

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.

<u>ARTICLE</u> I

The name of the corporation shall be:

T + H CAB CO., INC.

ARTICLE II PRINCIPAL OFFICE

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

2284 N.W. 36 T ST. MIAMI, FLORIDA 33142

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PAULA MILLER 1270 PAIRFAX COURT WESTON, FLORIDA 33326

INCORPORATOR

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

PAULA MILLER-1270 FAIRFAX COURT-WESTON, FL. - PRES JEFFREY MILLER-1270 FAIRFAX COURT-WESTON, FL. SECTE

(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