

TRANSMITTAL LETTER

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

800002973268--4  
-08/30/99--01061--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** YELLOW CAB OF LAKE, SUMTER COUNTY 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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** GAIL G GRAVELLE  
Name (Printed or typed)

9003 A STATE ROAD 44 EAST  
Address

WILDWOOD FL 34785  
City, State & Zip

352 330-1550  
Daytime Telephone number

FILED  
99 AUG 30 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

D. BROWN SEP - 2 1999

## 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:

YELLOW CAB OF LAKE, SUMTER COUNTY INC.

### **ARTICLE II      PRINCIPAL OFFICE**

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

9003 A STATE ROAD 44 EAST WILDWOOD FL 34785

### **ARTICLE III      SHARES**

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

1000

### **ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

GAIL G GRAVELLE

5036 CR 157 WILDWOOD f1 34785

### **ARTICLE V      INCORPORATOR**

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

GAIL G GRAVELLE

9003A STATE RD 44 EAST WILDWOOD FL 34785

Gail G Gravelle

Signature/Incorporator

08/27/99

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*

Gail G Gravelle

Signature/Registered Agent

08/27/99

Date