

TRANSMITTAL LETTER

P99000103219

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

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-11/22/99--01136--017
*****78.75 *****78.75

SUBJECT:

River City Limousine, 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:

Atul Patel

Name (Printed or typed)

4097 Alesbury Drive

Address

Jacksonville, FL 32224

City, State & Zip

(904) 993-3190

Daytime Telephone number

FILED
99 NOV 22 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

agc 11/29

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:

River City Limousine, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4143 Philips Hwy.
Jacksonville FL
32207

mailing address:

4097 Alesbury Dr
Jacksonville FL 32224

ARTICLE III SHARES

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

3000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

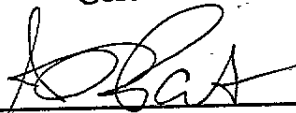
The name and Florida street address of the initial registered agent are:

Atul Patel
4097 Alesbury Dr.
Jacksonville FL 32224

ARTICLE V INCORPORATOR

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

Atul Patel
4097 Alesbury Dr
Jacksonville FL 32224



Signature/Incorporator

11-19-99

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



Signature/Registered Agent

11-19-99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA