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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

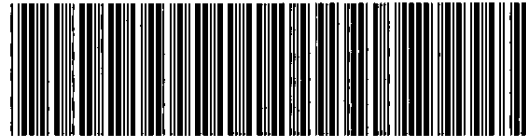
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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J. Shivers AUG 05 2011

COVER LETTER

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

SUBJECT: PLAN THIS WEEKEND.COM, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Terris LeVan
Name (Printed or typed)

8250 College Parkway, #201
Address

Fort Myers, FL 33919
City, State & Zip

239-482-4580
Daytime Telephone number

TerrisL@LeVanAssetManagement.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32314
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME PLAN THIS WEEKEND.COM, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address 8250 College Parkway, 201 Mailing address, if different is:
Fort Myers, FL 33919

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any purpose allowed by law.

ARTICLE IV SHARES
The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Terris T. LeVan, President</u>	Name and Title: _____
Address: <u>3413 SE 22 Place</u>	Address: _____
<u>Cape Coral, FL 33904</u>	_____
_____	_____
Name and Title: <u>Alexander T. LeVan, Vice President, Treasurer</u>	Name and Title: _____
Address: <u>3413 SE 22 Place</u>	Address: _____
<u>Cape Coral, FL 33904</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Terris T. LeVan
Address: 8250 College Parkway, #201
Fort Myers, FL 33919

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Terris T. LeVan
Address: 8250 College Parkway, #201
Fort Myers, FL 33919

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent July 30, 2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator July 30, 2011
Date