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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Elite Concierge Manag	ement Incorporated
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Neal Culbertson	
	(Printed or typed)
2709 S. Oakland Forest I	Dr. #101
A	Address
Oakland Park, FL 33309	State & Zip
954-849-0888	
Daytime Te	elephone number
eliteconciergemanageme	ent@gmail.com

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 The name of the c	NAME Elite Concierge Manage corporation shall be:	ement Incorpo	rated SECRETAI	LED RY OF STATE CORPORATION
ARTICLE II	PRINCIPAL OFFICE		10 150 0 1	
	Principal street address	1	Mailing address, if different is: 3	AM 11: 46
	2709 S. Oakland Forest Dr. #101			
	Oakland Park, FL 33309			
		•		
ARTICLE III	PURPOSE			
	which the corporation is organized is: awful business.			
ARTICLE IV The number of sha	SHARES ares of stock is: 100			
	INITIAL OFFICERS AND/OR DIRECTOR			
	Title: Neal Culbertson - President		·	
Address:	2709 S. Oakland Forest Dr. #101			
Oakland Park, Fl.	Oakland Park, FL 33309	_		
Name and T	Title:	Name and Title:		
Address:		Address:		
		-		
Name and T	itle:		:	
Address:		Add ress:		
ARTICLE VI	REGISTERED AGENT			
The <u>name and Fk</u>	orida street address (P.O. Box NOT acceptable) of	f the registered ager	nt is:	
Name:	Neal Culbertson	_		
Address:	2709 S. Oakland Forest Dr. #101	L		
	Oakland Park, FL 33309	_		
ARTICLE VII	INCORPORATOR			
	dress of the Incorporator is:			
Name:	Neal Culbertson	_		
Address:	2709 S. Oakland Forest Dr. #101 Oakland Park, FL 33309	_	,	
	ed as registered agent to accept service of process			ated in
nis cerujicate, I a	m familiar with and accept the appointment as reg	isiered agent and a	gree to act in this capacity	
		_	1 22 1	
	Province Circum/Province d A		/-23-/2 Date	
	Required Signature/Registered Agent			
submit this docu	iment and affirm that the facts stated herein are	true. I am aware	that the false information submitte	ed in a
locument to the D	epartment of State constitutes a third degree felon	y as provided for in	s.817.155, F.S.	
		_		
10 1	eta	\geq	/-23-/2 Date	
	Required Signature/Incorporator		Date	