

P02000107593

TRANSMITTAL LETTER

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

600008173086--7  
-10/03/02--01027--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: TURNKEY VALET 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: BRIAN CASTLEY  
Name (Printed or typed)  
351 CLUB CIRCLE APT 201  
Address  
BOCA RATON FLORIDA 33487  
City, State & Zip  
(561)989-8226  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 OCT -3 AM 10:01

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

F. CHASSER OCT 7 2002

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

TURNKEY VALET INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O.BOX 811780, BOCA RATON FLORIDA 33481

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

2000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

BRIAN CASTLEY, 351 CLUB CIRCLE APT 201 , BOCA RATON, FL 33487, PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

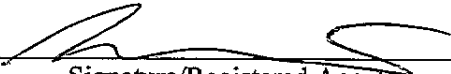
BRIAN CASTLEY  
351 CLUB CIRCLE APT 201  
BOCA RATON FL 33487

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

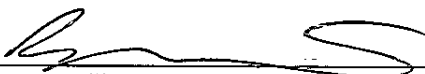
BRIAN CASTLEY  
351 CLUB CIRCLE APT 201  
BOCA RATON FL 33487

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

09/30/02

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

09/30/02

\_\_\_\_\_  
Date

BRIAN CASTLEY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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