P06000032336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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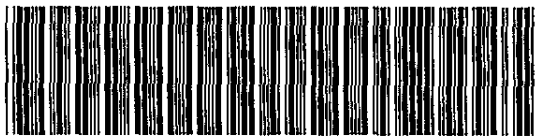

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LH

COVER LETTER

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

SUBJECT: CLUB VENTURE, 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: LESTER WILKES
Name (Printed or typed)

PO BOX 879
Address

WILLISTON, FL 32696
City, State & Zip

352-528-0081
Daytime Telephone number

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)

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: CLUB VENTURE,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO BOX 142571
GAINESVILLE, FL 32614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIMO CLUB

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LILY WRENNE (PRESIDENT)
PO BOX 142571
GAINESVILLE, FL.
32614

L. JAMES GINTER (VP)
831 SUNRIDGE CT.
GREEN BAY, WI
54313

MARK KIRCHARTZ (TRES.)
15361 NE 49 LN.
WILLISTON, FL. 32696

LESTER WILKES (SECT)
PO BOX 879
WILLISTON, FL. 32696

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

LILY WRENNE
15361 NE 49 LN.
WILLISTON, FL. 32696

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

LESTER WILKES
PO BOX 879
WILLISTON, FL. 32696

****

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 — Date: 3-1-04

Signature/Incorporator — Date: 3-1-06