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SECKETARY OF STATE
TALLAHASSEE, FLORIN

Dr.

COVER LETTER

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

SUBJECT: T.C. Limousine	Services, I	<i>مد</i>
(PROPÓSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
\$\begin{align*} \\$70.00 & \Bigsize* \\$78.75 \\ \text{Filing Fee} & \text{Certificate of Status} \end{align*}	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
322 Jettie	Terrone (Printed or typed) Lerrore Address Onda 3295 State & Zip	8
772~58	1-0851	

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 The name of the corporation shall be: T.C. Limousine Services. Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 322 Jettie TR Sebastian, IL 3295B <u>ARTICLE III</u> **PURPOSE** The purpose for which the corporation is organized is: Limousine Business 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): Gayle Hess terrone 11 ١. ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: tian, FL 32958 **INCORPORATOR** The name and address of the Incorporator is: Hess terrone

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
Signature/Incorporator

Date
6-11-07
Date