## P09000099966

(Red	questor's Name)	
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(City	/State/Zip/Phone	<del>: #)</del>
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
	Continuation	
Special Instructions to F	iling Officer:	
Street addresses	ers per a	ustomer
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## **COVER LETTER**

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

SUBJECT:

<b>D</b> #70.00	<b>□</b>	D 450 54	207.50
<b>\$70.00</b>	<b>□</b> \$78.75	\$78.75	<b>№</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate
			Status
		ADDITIONAL CO	PY REOUIRED

LIMO ALLY INC

FROM: GARY RUSSO

Name (Printed or typed)

7915 OSTEEN RD

Address

NewPort Lichey FL 34653

City, Statel Lip

727-645-8408

Daytime Telephone number

GARY RUSSO @ MSN. 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 NAME The name of the corporation shall be:
LIMO ALLY INC.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  FOR PROFIT - LIMOUSINE CONSULTING
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  GARY RUSSO  7915 OSTEEN CO  NEW PORT RICHEY, FL 34653  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
GARY RUSSO 7915 OSTEEN RD.  NEWPONT RICHEY, FL 34653  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  GARY RUSSO 7915 OSTEEN RD  NEW PONT RICHEY FL 34653
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    12-7-09