

P11000040819

(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:

Office Use Only



600201623626

04/14/11--01009--001 **78.75

FILED
11 APR 26 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-21565

K 04/27/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 APR 26 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 18, 2011

GARY RUSSO
1615 E 5TH AVE. #2
TAMPA, FL 33605

SUBJECT: LIMOUSINE EVENTS INC.
Ref. Number: W11000021505

We have received your document for LIMOUSINE EVENTS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 011A00009286

CORRECTION MADE TO
100 SHARES

COVER LETTER

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

SUBJECT: LIMOUSINE-EVENTS, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: GARY RUSSO
Name (Printed or typed)
1615 E 5TH AVE #2
Address
TAMPA, FL 33605
City, State & Zip
727-645-8408
Daytime Telephone number
GARY@LIMOUSINEEVENTS.COM
E-mail address: (to be used for future annual report notification)

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: LIMOUSINE EVENTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1615 E 5TH AVE
#2
TAMPA, FL 33605

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIMOUSINE CO & EVENTS
FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARC PEREZ
Address: 4409 KENDAL CT
VALRICO, FL 33596
OFFICER

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: GARY RUSSO
Address: 1615 E 5TH AVE #2
TAMPA, FL (33605)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARY RUSSO
Address: 1615 E 5TH AVE #2
TAMPA FL 33605

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

Required Signature/Registered Agent

4/11/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

4/11/11
Date

FILED
11 APR 26 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA