

P/1000050927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

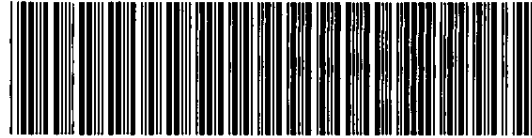
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/26/11--01005--002 \*\*70.00

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11 MAY 26 PM 12:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

W 05/31/11

## COVER LETTER

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

SUBJECT: Command Event Logistics, 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: Tracey J. Vessillo  
Name (Printed or typed)  
15929 Delasol Lane  
Address  
Naples, FL 34110  
City, State & Zip  
239-877-6608  
Daytime Telephone number  
tracey.vessillo@yahoo.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** Command Event Logistics, Inc.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15929 Delasol Lane  
Naples, FL 34110

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to conduct any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares with a par value of \$.10 per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	President	Name and Title:	
Address:	Tracey Judith Vessillo	Address:	
	15929 Delasol Lane		
	Naples, FL 34110		

Name and Title:	Secretary/Treasurer	Name and Title:	
Address:	Rebecca Goldstein	Address:	
	364 Cypress Landing Drive		
	Longwood, FL 32779		

Name and Title:		Name and Title:	
Address:		Address:	

**ARTICLE VI REGISTERED AGENT**

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

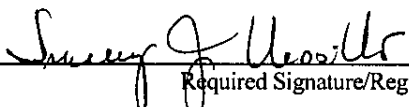
Name: Tracey Judith Vessillo  
Address: 15929 Delasol Lane  
Naples, FL 34110

**ARTICLE VII INCORPORATOR**

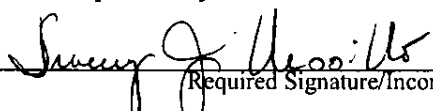
The name and address of the Incorporator is:

Name: Tracey Judith Vessillo  
Address: 15929 Delasol Lane  
Naples, FL 34110

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

	5/19/11
Required Signature/Registered Agent	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.

	5/19/11
Required Signature/Incorporator	Date

FILED  
MAY 26 PM 12:11  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA