

P 11000076252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

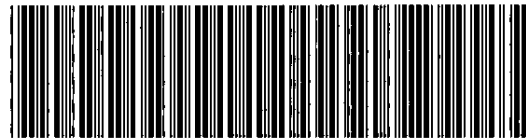
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/04/11--01015--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG -4 AM 8:47

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J. Shivers AUG 05 2011

COVER LETTER

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

SUBJECT: **PLAN THIS WEEKEND.COM, 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: **Terris LeVan**

Name (Printed or typed)

8250 College Parkway, #201

Address

Fort Myers, FL 33919

City, State & Zip

239-482-4580

Daytime Telephone number

TerrisL@LeVanAssetManagement.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL 32314

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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:

PLAN THIS WEEKEND.COM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8250 College Parkway, 201

Fort Myers, FL 33919

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any purpose allowed by law.

ARTICLE IV SHARES

The number of shares of stock is: **100,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terris T. LeVan, President

Address: 3413 SE 22 Place

Cape Coral, FL 33904

Name and Title: _____

Address: _____

Name and Title: Alexander T. LeVan, Vice President, Treasurer

Address: 3413 SE 22 Place

Cape Coral, FL 33904

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: Terris T. LeVan

Address: 8250 College Parkway, #201

Fort Myers, FL 33919

ARTICLE VII INCORPORATOR

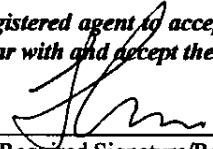
The name and address of the Incorporator is:

Name: Terris T. LeVan

Address: 8250 College Parkway, #201

Fort Myers, FL 33919

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

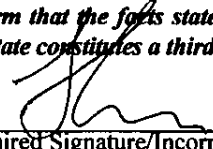


Required Signature/Registered Agent

July 30, 2011

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

July 30, 2011

Date

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TALLAHASSEE, FLORIDA