

P11000105583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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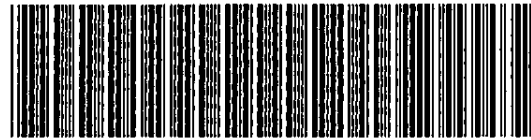
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/12/11--01022--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC 12 PM 3:00

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Lakeworth Valet Service 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: John J. Morrissey

Name (Printed or typed)

15 S. Golfview Rd 205

Address

Lake Worth Fl. 33460

City, State & Zip

561-310-2918

Daytime Telephone number

morrisseyj@pbso.org

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)

APPROVED
AND
FILED

ARTICLE I NAME

Lakeworth Valet Service inc.

The name of the corporation shall be:

11 DEC 12 PM 3:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

15 S. Golfview Rd 205

Lakeworth FL 33460

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
valet parking service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John J Morrissey President/Director

Address: 15 S. Golfview Rd 205

Lakeworth fl 33460

Name and Title: Patrick Morrissey Secretary

Address: 225 Poe Dr.

Palm springs FL 33461

Name and Title: Genarina Garcia Vice President

Address: 15 S. Golfview Rd 205

Lakeworth FL 33460

Name and Title: _____

Address: _____

Name and Title: Megan Morrissey Treasurer

Address: 225 Poe Dr

Palm Springs FL 33461

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: John J Morrissey

Address: 15 S. Golfview Rd 205

Lakeworth FL 33460

ARTICLE VII INCORPORATOR

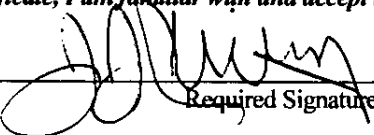
The name and address of the Incorporator is:

Name: Genarina Garcia

Address: 15 S. Golfview Rd 205

Lakeworth FL 33460

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

12-7-2011

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

12-7-2011

Date