

P12000036090

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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04/04/12--01028--009 **78.75

W2-19207

FILED
12 APR 16 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL 32302

FL-Bureau APR 17 2012

COVER LETTER

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

SUBJECT: Weekend Broward 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: Robert Adler

Name (Printed or typed)

6220 Wiles Rd. #302

Address

Coral Springs, FL 33067

City, State & Zip

954-663-1343

Daytime Telephone number

weekendbroward@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 APR 16 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 5, 2012

ROBERT ADLER
6220 WILES RD 302
CORAL SPRINGS, FL 33067

SUBJECT: WEEKEND BROWARD
Ref. Number: W12000019207

We have received your document for WEEKEND BROWARD 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 112A00011126

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:

Weekend Broward, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6220 Wiles Rd. #302
Coral Springs, FL 33067

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to promote local entertainment

ARTICLE IV SHARES

The number of shares of stock is **500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Adler, President
Address: 6220 Wiles Rd. #302
Coral Springs, FL 33067

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
12 APR 15 PM 4:25
TALLAHASSEE
SECRETARY OF STATE

ARTICLE VI REGISTERED AGENT

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

Name: Robert Adler
Address: 6220 Wiles Rd. #302
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Adler
Address: 6220 Wiles Rd. #302
Coral Springs, FL 33067

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

Robert Adler

Required Signature/Registered Agent

April 2, 2012
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.

Robert Adler

Required Signature/Incorporator

April 2, 2012
Date