# P12000037792

(R	equestor's Name)			
(Address)				
(**	auress)			
(Address)				
(C	ity/State/Zip/Phone #)	1		
PICK-UP	☐ WAIT	MAIL		
(B	lusiness Entity Name)			
	Ocument Number)			
(L	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to	o Filing Officer:			
		,		
	/			
Office Use Only				



000226243400

04/23/12--01004--015 \*\*78.75

DIVISION OF COSPORATIONS

JALLAHASSEE, FLORIDAY

FILED

12 APR 23 PH 4: 35

SECRETARY OF STATE

T Burch APR 2 4200

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BEACHSIDE LIM	OS, INC.		
	<del></del>		
		✓	Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
		Ì	Fictitious Name File
•			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
		\ <u></u>	Annual Report / Reinstatement
		✓	Cert. Copy
•		\ <u>-</u>	Photo Copy
			Certificate of Good Standing
			Certificate of Status
, 49 (		l <u>—</u>	Certificate of Fictitious Name
		\	Corp Record Search
			Officer Search
		<u> </u>	Fictitious Search
Signature	<del></del>		Fictitious Owner Search
			Vehicle Search
* <del></del>			Driving Record
Requested by: BAN	4-23 A	AM	UCC 1 or 3 File
Name	<del></del>	Time	UCC 11 Search
, S. 4.			UCC 11 Retrieval
Walk-In	Will Pick Un		Courier

## **COVER LETTER**

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

<sub>SUBJECT:</sub> Beachside Limos, Inc.				
(PROPOSED CÖRPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: Wayne M. Principe Name	(Printed or typed)			
446 Kimberly Drive				
F	Address			
Melbourne FL 32940 City,	State & Zip			
(321) 610-3751  Daytime To	elephone number			
beachsidelimos@yahoo.com  E-mail address: (to be used for future annual report notification)				
E-man address. (to be used for future annual report normeation)				

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

### ARTICLES OF INCORPORATION

#### **ARTICLE I - NAME**

The name of the corporation shall be BEACHSIDE LIMOS, INC.

#### **ARTICLE II - PRINCIPAL OFFICE**

Principal street address:

446 Kimberly Drive, Melbourne, Florida 32940

Mailing address:

446 Kimberly Drive, Melbourne, Florida 32940

#### **ARTICLE III - SHARES**

The number of shares of stock is 100. The par value for authorized shares shall be \$1.00.

#### ARTICLE IV - INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Wayne M. Principe - President

446 Kimberly Drive Melbourne FL 32940

#### **ARTICLE V - REGISTERED AGENT**

The name and street address of the Registered Agent is:

Wayne M. Principe - President 446 Kimberly Drive Melbourne FL 32940

#### <u>ARTICLE VI - INCORPORATOR</u>

The name and address of the Incorporator is:

Wayne M. Principe 446 Kimberly Drive Melbourne FL 32940

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.

Registered Agent

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.

Wayne M Princip

Incorporator

4/20/12/ Date

SECRETARY OF STATE TALL AND ASSEE, FLORID.