

P12000045396

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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W12000024537



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 14 PM 4:03

5/15/12

COVER LETTER

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

SUBJECT: Personal Limousine 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: Edgar Ortiz

Name (Printed or typed)

6936 Cavacade Drive APT A

Address

Tampa FL 33614

City, State & Zip

813-270-1304

Daytime Telephone number

ortiztito@msn.com

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

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SECRETARY OF STATE
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12 MAY 14 PM 4:03

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



RECEIVED

12 MAY 14 PM 2:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 3, 2012

EDGAR ORTIZ
6936 CAVACADE DRIVE
APT A
TAMPA, FL 33614

SUBJECT: PERSONAL LIMOUSINE SERVICE INC.
Ref. Number: W12000024537

We have received your document for PERSONAL LIMOUSINE SERVICE INC. and your check(s) totaling \$208.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 012A00013379

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 14 PM 4:03

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:

Personal Limousine Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

6936 Cavacade Drive Apt A

Tampa, FL 33614

Mailing address if different is:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 14 PM 4:03

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation Company FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgar Ortiz PRESIDENT

Address: 6936 Cavacade Drive APT A

Tampa FL 33614

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Edgar Ortiz

Address: 6936 Cavacade Drive APT A

Tampa, FL 33614

ARTICLE VII INCORPORATOR

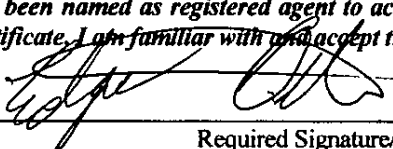
The name and address of the Incorporator is:

Name: Edgar Ortiz

Address: 6936 Cavacade Drive APT A

Tampa, FL 33614

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



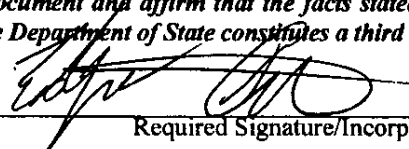
Required Signature/Registered Agent

E.O.
(4/23/12)

Date

5/10/12

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

4/23/12

Date