## P/200058669

(Requestor's Name)			
(Address)			
(Address)			
·			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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## **COVER LETTER**

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

SUBJECT: National Parking Enterprises, Inc.			
(PROPOSED CORPORA	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 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		
FROM: Shawn M. Downey			
Name	(Printed or typed)		
10356 Kumquat Lane	Address		
Seminole, Florida 33772 City,	2 State & Zip		
727-687-2136  Daytime T	elephone number		
shawn@courtesyvalet.ne	et or 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)

ARTICLE I	NAME National Parking En	ternrises Inc	
The name of the o	corporation shall be:	itorprioco, irio.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	10356 Kumquat Lane		Park Blvd. Suite 104-315
	Seminole, Florida 33772	Semino	ole, Florida 33772
ARTICLE III			
	which the corporation is organized is: nagement; Garage and Surface Lo		
raiking wai	lagement, Garage and Surface Lo	··	
ADDICT IN TH	OV 4 DEG		
<b>ARTICLE IV</b> The number of sh	ares of stock is:10000		
The number of sit	ares of stock is. 10000		
	INITIAL OFFICERS AND/OR DIREC		
			:Kristopher G. Jacobs, Vice Presider
Address:	10356 Kumquat Lane	Address:	425 46th Avenue South
	Seminole, Florida 33772	<del></del>	St. Petersburg, Florida 33772
		<del></del>	
	Title:		;; <u> </u>
Address:		Address:	
		<u></u>	
M15	r.d.		
Name and Address:	Title:		*
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		es.
	orida street address (P.O. Box NOT acceptal	ole) of the registered age	nt is:
Name:	Shawn M. Downey		F. 70
Address:	10356 Kumquat Lane		
	Seminole, Florida 33772		AHAR 20 E
	·		2 A A A A A A A A A A A A A A A A A A A
ARTICLE VII	INCORPORATOR		ří –
	Idress of the Incorporator is:		
Name:	Shawn M. Downey	<del></del>	<del></del> 60 <u></u> 500
Address:	10356 Kumguat Lane		<b>D</b>
	Seminole, Florida 33772		<u>च</u> िन् अ
Having been nan	ned as registered agent to accept service of p	rocess for the above sta	ated corporation at the place designated in
his certificate, I d	am familiar with and accept the appointment of	as registered agent and	agree to act in this capacity
4	1 11 1		
			06/25/2012
	Required Signature/Registered Agent	t	Date
, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ument and affirm that the facts stated herei		
iocument to the l	Department of State constitutes a third degree	jetony as provided for it	n s.817.155, F.S.
911-	- M 11/7/		
	11.11/		06/25/2012
	Paguired Cigneture/Incorporator		Data