

P12000062120

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(City/State/Zip/Phone #)

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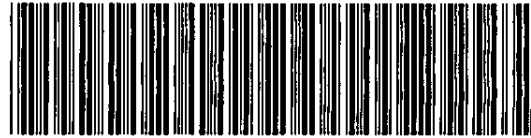
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
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112 35451

COVER LETTER

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

SUBJECT: Champs Elyses Community Management, 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: Champs Elyses Community Management, Inc.
Name (Printed or typed)

2708 Alt. 19 North, Suite 604-1
Address

Palm Harbor, FL 34683
City, State & Zip

727-647-1886
Daytime Telephone number

lourdesolivia1@yahoo.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

July 3, 2012

LOURDES OLIVIA BAILEY
CHAMPS ELYSES COMMUNITY MANAGEMENT, INC.
2708 ALT. 19 NORTH, SUITE 604-1
PALM HARBOR, FL 34683

SUBJECT: CHAMPS ELYSES COMMUNITY MANAGEMENT
Ref. Number: W12000035451

We have received your document for CHAMPS ELYSES COMMUNITY MANAGEMENT and your check(s) totaling \$87.50. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 112A00017985

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:

Champs Elyses Community Management, Inc. (LB)

ARTICLE II PRINCIPAL OFFICE

Principal street address
2708 Alt. 19 North
Suite 604-1
Palm Harbor, Florida 34683

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any business which may be legally conducted under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lourdes Olivia Bailey, Director
Address: 2708 Alt. 19 North
Suite 604-1
Palm Harbor, Florida 34683

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: Lourdes Olivia Bailey
Address: 2708 Alt. 19 North, Suite 604-1
Palm Harbor, Florida 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lourdes Olivia Bailey
Address: 2708 Alt. 19 North, Suite 604-1
Palm Harbor, Florida 34683

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

Lourdes O. Bailey
Required Signature/Registered Agent

6/28/12
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.

Lourdes O. Bailey
Required Signature/Incorporator

6/28/12
Date

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