

P 12000077270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

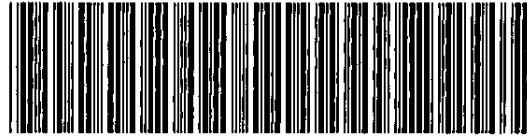
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 10 PM 1:39

9/11/12

COVER LETTER

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

SUBJECT: LEXINGTON FRANCHISING, 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: Bessie Petroutsas

Name (Printed or typed)

3300 North University Drive - Suite 500

Address

Coral Springs, Florida 33065

City, State & Zip

954.575.2668 (ext. 149)

Daytime Telephone number

bpetroutsas@vantagehospitality.com

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

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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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

LEXINGTON FRANCHISING, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Vantage Hospitality Group, Inc.
3300 North University Drive - Suite 500
Coral Springs, FL 33065

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal and lawful business permitted in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: One thousand (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger J. Bloss, President & Director
Address: c/o Vantage Hospitality Group, Inc.
3300 North University Drive - Suite 500
Coral Springs, FL 33065

Name and Title: _____
Address: _____

Name and Title: Bernard T. Moyle, VP, Treasurer & Director
Address: c/o Vantage Hospitality Group, Inc.
3300 North University Drive - Suite 500
Coral Springs, FL 33065

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: Bessie Petroutsas
Address: 3300 North University Drive - Suite 500
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bessie Petroutsas
Address: 3300 North University Drive - Suite 500
Coral Springs, FL 33065

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

B. Petroutsas

Required Signature/Registered Agent

9.7.2012

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.

B. Petroutsas

Required Signature/Incorporator

9.7.2012

Date