



**COVER LETTER**

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

**SUBJECT:** L & L 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Albino Loureiro  
Name (Printed or typed)

1650 Winstan Ave.  
Address

Englewood, Florida 34223  
City, State & Zip

941-224-4682  
Daytime Telephone number

lllimousinefl@yahoo.com  
E-mail address: (to be used for 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**

The name of the corporation shall be: L & L Limousine Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1650 Winstan Ave.  
Englewood, Florida 34223

Mailing address, if different is:

25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Limousine Service

**FILED**  
13 FEB 25 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Albino Loureiro, President

Address: 25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

Name and Title: Albino Loureiro, Vice President

Address: 25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

Name and Title: Albino Loureiro, Treasurer

Address: 25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

Name and Title: Albino Loureiro, Secretary

Address: 25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Address \_\_\_\_\_ Address: \_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Albino LOUREIRO  
Address: 25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Albino Loureiro  
Address: 25225 Rampart Blvd. Apt. 1808  
Punta Gorda, Florida 33983

*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*

Albino Loureiro  
Required Signature/Registered Agent

Feb. 19, 2013  
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.*

Albino Loureiro  
Required Signature/Incorporator

Feb. 19, 2013  
Date