

P13000023938

(Requestor's Name)

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(City/State/Zip/Phone #)

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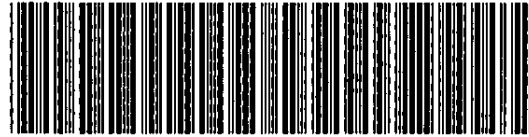
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/14/13

COVER LETTER

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

SUBJECT: CASINO EXPRESS ORLANDO, 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: LUIGI CERVERIZZO
Name (Printed or typed)

8130 KEY WEST DONE STREET
Address

WINTER GARDEN, FL 34787
City, State & Zip

609-319-5777

Daytime Telephone number

CASINO EXPRESS ORLANDO@HOTMAIL.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 NAMEThe name of the corporation shall be: CASINO EXPRESS ORLANDO, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8130 KEY WEST DOVE STREET
WINTER GARDEN, FL 34787**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO PROVIDE TRANSPORTATION SERVICES
FOR THE GENERAL PUBLIC AND ANY OTHER SERVICES THAT
MAY BE PERMITTED UNDER THE LAWS OF THE UNITED
STATES OF AMERICA AND FLORIDA**ARTICLE IV SHARES**The number of shares of stock is: 1000 at \$1 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIGI CERVERIZZO
PRESIDENT

Name and Title:

Address: 8130 KEY WEST DOVE ST
WINTER GARDEN, FL 34787

Address:

Name and Title: CINDY L CERVERIZZO
VICE PRESIDENT

Name and Title:

Address: 8130 KEY WEST DOVE ST
WINTER GARDEN, FL 34787

Address:

Name and Title: CHARLES A. SCHASER
TREASURER / SECRETARY

Name and Title:

Address: 3176 NE AVENUE
VINELAND, NJ 08360

Address:

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIGI CERVERIZZO
Address: 8130 KEY WEST DOVE STREET
WINTER GARDEN, FL 34787

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIGI CERVERIZZO
Address: 8130 KEY WEST DOVE STREET
WINTER GARDEN, FL 34787

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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

Luigi Cerverizzo
Required Signature/Registered Agent

3-11-13
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.817.135, F.S.

Luigi Cerverizzo
Required Signature/Incorporator

3-11-13
Date