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TALLAHASSEE, FLORIDA

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 DOVE 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 NAME
The name of the corporation shall be: CASINO EXPRESS ORLANDO, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
8130 KEY WEST DOVE STREET
WINTER GARDEN, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE TRANSPORATION 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

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIGI CERVERIZZO, PRESIDENT
Address: 8130 KEY WEST DOVE ST, WINTERGARDEN, FL 34787

Name and Title:
Address:

Name and Title: CINDY L CERVERIZZO, VICE PRESIDENT
Address: 8130 KEY WEST DOVE ST, WINTERGARDEN, FL 34787

Name and Title:
Address:

Name and Title: CHARLES A. SCHASER, TREASURER/SECRETARY
Address: 3176 NE AVENUE, VINELAND, NJ 08360

Name and Title:
Address:

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **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

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LUIGI CERVERIZZO

Address: 8130 KEY WEST DOVE STREET

WINTER GARDEN, FL 34787

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.817.155, F.S.

Luigi Cerverizzo
Required Signature/Incorporator

3-11-13
Date