

P13000053852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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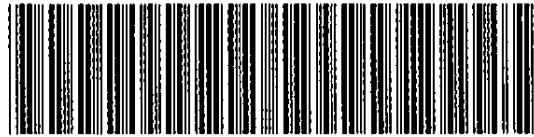
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Top Hat Limo and Sedan 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Clark Lowell
Name (Printed or typed)

76 Steve Chason Rd
Address

Crawfordville, FL 32327
City, State & Zip

850-408-0823
Daytime Telephone number

skipplowell@gmail.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: Top Hat Limo and Sedan Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

76 Steve Chason Rd
Crawfordville, Fl 32327

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A for profit business with the purpose of providing transportation and related services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Clark Lowell</u>	Name and Title:	_____
Address	<u>76 Steve Chason Rd</u>	Address:	_____
	<u>Crawfordville, Fl 32327</u>		_____
	<u>president/secretary/treasurer</u>		_____

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

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

(cont.)

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

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Clark Lowell
Address: 76 Steve Chason Rd
Crawfordville, Fl 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clark Lowell
Address: 76 Steve Chason Rd
Crawfordville, Fl 32327

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

Clark F. Lowell
Required Signature/Registered Agent

6-21-13
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.

Clark F. Lowell
Required Signature/Incorporator

6-21-13
Date