

P14000011438

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

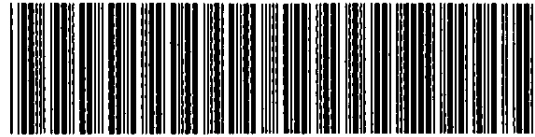
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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*W14-5789*

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01/21/14--01044--004 \*\*78.75

2014 FEB -4 AM 3:18  
SECRETARY OF STATE  
DIVISION OF CORPORATE

*1/14*

## COVER LETTER

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

SUBJECT: **SHIP & SHORE CASINO TOURS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Vincent Lamano**  
Name (Printed or typed)  
**14371 Lord Barclay Drive**  
Address  
**Orlando, Florida 32837**  
City, State & Zip  
**407 408 5200**  
Daytime Telephone number  
**shipandshorecasinotours@gmail.com**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2014

VINCENT LAMANO  
14371 LORD BARCLAY DRIVE  
ORLANDO, FL 32837

SUBJECT: CHANGES NOW, INC.  
Ref. Number: W14000005789

We have received your document for CHANGES NOW, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document is being returned per customer request.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00001893

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **SHIP & SHORE CASINO TOURS, INC.** 2014 FEB -4 AM 3:18

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**14371 Lord Barclay Drive**

**same**

**Orlando, Florida 32837**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **for transacting any or all lawful business (**  
**or any other activity permitted under the law of the State of Florida**  
**and the United States of America.**

**ARTICLE IV SHARES** **100**

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

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

Name and Title: **Vincent Lamano PVTs** Name and Title: \_\_\_\_\_

Address **14371 Lord Barclay Dr** Address: \_\_\_\_\_  
**Orlando, Fl. 32837**

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

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

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

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

FILED  
SECRETARY OF STATE (cont.)  
DIVISION OF CORPORATIONS

2014 FEB -4 AM 3:18

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:

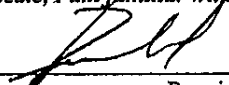
Name: Vincent Lamano  
Address: 14371 Lord Barclay Drive  
Orlando, Fl. 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

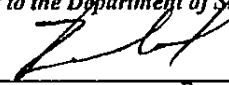
Name: Vincent Lamano  
Address: 14371 Lord Barclay Dr  
Orlando, Fl. 32837

*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*

  
Required Signature/Registered Agent

1-26-14  
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.*

  
Required Signature/Incorporator

1-26-14  
Date