

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION PREMIUM VALET SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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97489

JUL 16 2015

Electronic Filing Menu

Corporate Filing Menu

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S. GILBERT

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COVER LETTER

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

SUBJECT: PREMIUM VALET SERVICES, 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

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

FROM: PAYCHX SERVICES, INC.

Name (Printed or typed)

7050 WEST PALMETTO PARK ROAD, #15-804

Address

BOCA RATON, FL 33433

City, State & Zip

561-716-3111

Daytime Telephone number

PAUL@PAYCHXSERVICES.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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

PREMIUM VALET SERVICES, INC.

15 JUL 15 PM 2:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

7050 WEST PALMETTO PARK ROAD, #15-804

BOCA RATON, FL 33433

SECRETARY OF STATE
TALLAHASSEE, FL 32399-0400
Mailing address, if different to:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VALET PARKING AND LOT MANAGEMENT

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KRIS CARTER, PRESIDENT

Address

7050 WEST PALMETTO PARK ROAD, #15-804

BOCA RATON, FL 33433

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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: PAYCHX SERVICES, INC
Address: 7050 WEST PALMETTO PARK ROAD, 15-804
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAYCHX SERVICES, INC.
Address: 7050 WEST PALMETTO PARK ROAD, #15-804
BOCA RATON, FL 33433

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

[Signature]
Required Signature/Registered Agent

07-14-15

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.817.133, F.S.

[Signature]
Required Signature/Incorporator

07-14-15

Date