

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORP USA
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Fax Number : (305) 633-9696

****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 PARKING SERVICES & MANAGEMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 15 AM 8:21

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7/16/15

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Electronic Filing Menu

Corporate Filing Menu

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Release file
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July 16, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE - CORP USA

SUBJECT: PARKING SERVICES OF SOUTH FLORIDA, INC.
REF: W15000047805

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L10000004716 - PARKIG SERVICES OF SOUTH FLORIDA LLC.

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

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H15000172504
Letter Number: 315A00014966

P.O BOX 6327 - Tallahassee, Florida 32314

④

H15000172504

COVER LETTER

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

SUBJECT: PARKING SERVICES & MANAGEMENT, 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: 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.

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15 JUL 15 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PARKING SERVICES & MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 7050 WEST PALMETTO PARK ROAD, #15-804
BOCA RATON, FL 33433
Mailing address, if different is: _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: VALET PARKING AND LOT MANAGEMENT

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>STEVEN KIRSCH, PRESIDENT</u>	Name and Title:	_____
Address:	<u>7050 WEST PALMETTO PARK ROAD, #15-804</u>	Address:	_____
	<u>BOCA RATON, FL 33433</u>		_____
	_____		_____

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

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

(cont)

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 §817.155, F.S.

[Signature]
Required Signature/Incorporator

07-14-15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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