

P 1000024243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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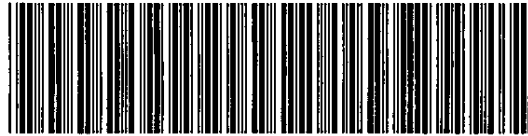
(Business Entity Name)

(Document Number)

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

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16 MAR 10 PM 2:49  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

3/17/14

## COVER LETTER

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

**SUBJECT:** OUR LUXURY RENTALS 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:** OUR LUXURY RENTALS INC.

Name (Printed or typed)

360 SAPODILLA AVE APT 106

Address

WEST PALM BEACH FLORIDA 33401

City, State & Zip

954-913-6345

Daytime Telephone number

ourluxuryrentals@aol.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE FLORIDA  
DEPARTMENT OF STATE

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

EFFECTIVE DATE 03/03/16

ARTICLES OF INCORPORATION

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

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**ARTICLE I NAME**

The name of the corporation shall be: OUR LUXURY RENTALS INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

630 S SAPODILLA AVE APT 106

WEST PALM BEACH

FLORIDA 33401

SECRETARY OF STATE  
MAILING ADDRESS, IF DIFFERENT IS: FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LUXURY RENTAL PROPERTIES FOR SINGLES PEOPLE AND FAMILY UNITS.

**ARTICLE IV SHARES**

The number of shares of stock is: 2

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

Name and Title: CLYDE B BARROW CEO

Address 630 S SAPODILLA AVE APT 106

WEST PALM BEACH

FLORIDA 33401

Name and Title: DENISE LOPEZ PRESIDENT

Address: 630 S SAPODILLA AVE APT 106

WEST PALM BEACH

FLORIDA 33401

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: CLYDE B BARROW  
Address: 630 S SAPODILLA AVE APT 106  
WEST PALM BEACH, FLORIDA 33401

**ARTICLE VII INCORPORATOR**

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

Name: CLYDE B BARROW  
Address: 630 S SAPODILLA AVE APT 106  
WEST PALM BEACH, FLORIDA 33401

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MARCH 3 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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  
03-03-2016  
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  
03-03-2016  
Date