

PI 6000032172

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

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

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION THINK PINK LIMO, INC

Certificate of Status	0
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04/12/16

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COVER LETTER

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

SUBJECT: **THINK PINK LIMO, 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: **JAMES D. FULFORD**

Name (Printed or typed)

2653 N.W. 36 STREET

Address

MIAMI, FLORIDA 33142

City, State & Zip

305-621-2001

Daytime Telephone number

LUCKY@LUCKYGAMING.COM

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

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

TPL

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: THINK PINK LIMO, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

2653 N.W. 36 STREET
MIAMI, FLORIDA 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES D. FULFORD, PRES

Address: 2653 N.W. 36 STREET
MIAMI, FLORIDA 33142

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
CLERK OF STATE
16 APR 11 PM 12:25

TPU

(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: JAMES D. FULFORD
Address: 2653 N.W 36 STREET
MIAMI, FLORIDA 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES D. FULFORD
Address: 2653 N.W. 36 STREET
MIAMI, FLORIDA 33142

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

4-11-2016
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.817.135, F.S.

Required Signature/Incorporator

4-11-2016
Date

TPL

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