

PI6000034612

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

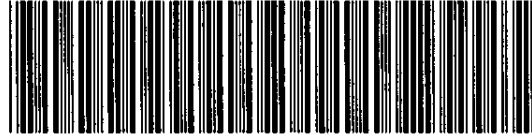
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~~W16-17743~~

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2016 APR -5 PM 3:36  
SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

APR 19 2016

T. BROWN

## COVER LETTER

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

**SUBJECT:** NITE LYFE PROMOTIONS, 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:** JERAMINE WARREN  
Name (Printed or typed)

2071 NW 2ND STREET  
Address

BOYNTON BEACH, FL 33435  
City, State & Zip

954-729-0684  
Daytime Telephone number

JERAMIE.WARREN@AOL.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

March 9, 2016

JERAMINE WARREN  
2071 NW 2ND ST  
BOYNTON BEACH, FL 33435

SUBJECT: NITE LYFE PROMOTIONS, INC  
Ref. Number: W16000017743

We have received your document for NITE LYFE PROMOTIONS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return 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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 916A00004902

**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: NITE LYFE PROMOTIONS, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2071 NW 2ND STREET

BOYNTON BEACH, FL 33435

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROFIT, NIGHT CLUB PROMOTIONS

2010 APR -5 PM 3:36  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED)

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

Name and Title: JERAMIE WARREN

Name and Title: ~~OWNER~~ 'Resident' "P"

Address 2071 NW 2ND STREET

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

BOYNTON BEACH, FL 33435

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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: JARAMIE WARREN

Address: 2071 NW 2ND STREET

BONYTON BEACH, FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JARAMIE WARREN

Address: 2071 NW 2ND STREET

BOYNTON BEACH, FL 33435

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-25-2016. (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*

✓ Jew  
Required Signature/Registered Agent

✓ 2-23-16  
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.*

✓ Jew  
Required Signature/Incorporator

✓ 2-23-16  
Date