

P160000036322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

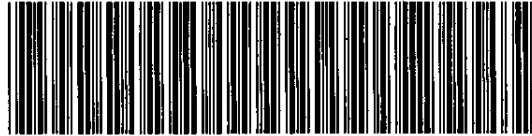
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-25426

4/21

Office Use Only



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04/01/16--01025--002 **78.75

SECRETARY OF STATE
TALLAHASSEE, FL 32306

16 APR 21 AM 10:11

FILED
AND
RECORDED

APR 21 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

ROSEMARY PARDUS
4133 SADDLE CLUB DR
NEW SMYRNA, FL 32168

SUBJECT: PARDUS RACING
Ref. Number: W16000025426

We have received your document for PARDUS RACING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 316A00007034

COVER LETTER

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

SUBJECT: Pardus Racing
(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: Rosemary Pardus
Name (Printed or typed)

4133 Saddle Club DR
Address

New Smyrna, FL 32168
City, State & Zip

386 - 882-6705
Daytime Telephone number

dpardus@cfl.rr.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)

ARTICLE I NAME

The name of the corporation shall be: PARDUS Racing INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

4133 Saddle Club DR
New Smyrna FL 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Motorsports Racing business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rosemary Pardus/President</u>	Name and Title:	<u>Preston Pardus/Vice President</u>
Address	<u>4133 Saddle Club DR</u>	Address:	<u>4133 Saddle Club DR</u>
	<u>New Smyrna, FL</u>		<u>New Smyrna, FL</u>
	<u>32168</u>		<u>32168</u>

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

APPROVED
AND
FILED

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: DAN J PARDUS

Address: 4133 Saddle Club DR
New Smyrna, FL 32168

ARTICLE VII INCORPORATOR

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

Name: Rosemary Pardus

Address: 4133 Saddle Club DR
New Smyrna, FL 32168


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

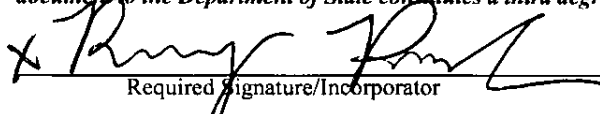
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/18/2016
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

3/24/16
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 21 AM 10:11

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AND
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