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DIVISION OF CORPORATIONS  
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✓ 09/13/16

## COVER LETTER

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

**SUBJECT:** DELUXE CAR & LIMO SERVICE, 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:** DELUXE CAR & LIMO SERVICE, INC.

\_\_\_\_\_  
Name (Printed or typed)

8451 KINGBIRD LOOP SUITE 335

\_\_\_\_\_  
Address

ESTERO, FL 33967

\_\_\_\_\_  
City, State & Zip

239-231-0187

\_\_\_\_\_  
Daytime Telephone number

wolfeoskun@hotmail.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: DELUXE CAR & LIMO SERVICE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8451 KINGBIRD LOOP SUITE 335

ESTERO, FL 33967

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDING LIMOUSINE AND CAR SERVICES.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: COSKUN YALCIN, PRESIDENT

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

Address

8451 KINGBIRD LOOP #335

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

ESTERO, FL 33967

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: COSKUN YALCIN  
Address: 8451 KINGBIRD LOOP #335  
ESTERO, FL 33967

**ARTICLE VII INCORPORATOR**

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

Name: WM. M. MCCRONE  
Address: 5661 WHISPERWOOD BLVD #104  
NAPLES, FL 34110

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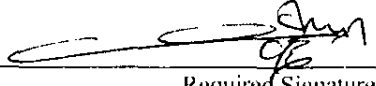
**ARTICLE VIII EFFECTIVE DATE:**

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

SEPTEMBER 1, 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

SEPTEMBER 1, 2016

\_\_\_\_\_  
Date