

P16000076870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

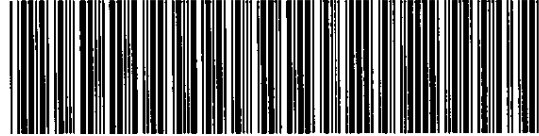
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800289874878

09/16/16--01026--012 **78.75

16 SEP 16 PM 4:58

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: A CLASSY AFFAIR LIMOUSINE 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
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: Kenneth Howard Chapman
Name (Printed or typed)

256 RiBERIA ST.
Address

St. Augustine, FL 32084
City, State & Zip

904-540-1075

Daytime Telephone number

AClassyAffairLimo@outlook.com
E-mail address: (to be used for future annual report notification)

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

16 SEP 15 PM 4:58

FILED
SEP 15 2015
TALLAHASSEE, FL
CLERK OF COURT

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: A CLASSY AFFAIR LIMOUSINE SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

256 RIBERIA ST.
ST. AUGUSTINE, FL 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LIMOUSINE SERVICE FOR HIRE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth H. Chapman P. Name and Title: Irene Fiore VP

Address: 256 RIBERIA ST. Address: 256 RIBERIA ST.
ST. AUGUSTINE, FL ST. AUGUSTINE, FL
32084 32084

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: Kenneth H. Chapman

Address: 256 Riberia St.

St. Augustine, FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth H. Chapman

Address: 256 Riberia St.

St. Augustine, FL 32084

16 SEP 16 PM 4:58

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

Kenneth H. Chapman
Required Signature/Registered Agent

9/14/2016
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.

Kenneth H. Chapman
Required Signature/Incorporator

9/14/2016
Date