

OCT 25 2016

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 10/24/16**

**NAME: PROPER PARKING COMPANY**

**TYPE OF FILING: APPLICATION**

**COST: 87.75**

**RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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16 OCT 24 AM 10:12

**COVER LETTER**

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

**SUBJECT:** Proper Parking Company

(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:** Kellie Mumford

Name (Printed or typed)

21700 Oxnard Street, Suite 2020

Address

Woodland Hills, CA 91367

City, State & Zip

(818) 715-0500

Daytime Telephone number

kellie@helferlawfirm.com

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

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

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Proper Parking Company

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

419 Lakeview Avenue

21700 Oxnard Street, Suite 2020

West Palm Beach, Florida 33401

Woodland Hills, California 91367

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in the promotion, marketing, and sales of seasonal products.

**ARTICLE IV SHARES**

The number of shares of stock is: one hundred thousand

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

Name and Title: Brandon Helfer, President

Name and Title: Scott Sanchez, Vice President

Address 21700 Oxnard Street, Suite 2020

Address: 21700 Oxnard Street, Suite 2020

Woodland Hills, CA 91367

Woodland Hills, CA 91367

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: Paracorp Incorporated

Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffrey S. Helfer

Address: 21700 Oxnard Street, Suite 2020

Woodland Hills, CA 91367

**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.

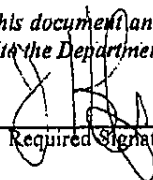
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

See Attached

\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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

\_\_\_\_\_  
10/21/16

\_\_\_\_\_  
Date

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**


**DATE:** 10/21/16

**ENTITY NAME:** Proper Parking Company

**REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary  
Paracorp Incorporated

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