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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION DELUXE LIMO SERVICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 MAY 22 PM 4:49

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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MAY 23 2017

T. SCOTT

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

H1700013887

ARTICLE I NAME: The name of the corporation is:

DELUXE LIMO SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

600 NW 186th STREET
MIAMI GARDENS
FL 33169

ARTICLE III SHARES: The number of shares of stock is: 500

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MANUEL MEDINA - President
600 NW 186th STREET
MIAMI GARDENS
FL 33169

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MANUEL MEDINA
600 NW 186th STREET
MIAMI GARDENS FL 33169

ARTICLE VI INCORPORATOR: The name and address of the incorporator is:

MANUEL MEDINA
600 NW 186th STREET
MIAMI GARDENS FL 33169

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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Required Signatures:

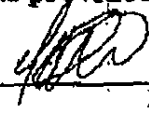
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 

Registered Agent

205-18-17
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.

X 

Incorporator

205-18-17
Date

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