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Division of Corporations
Florida Department of State
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To: Division of Corporations
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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
COUNTRY CLUB VALET PARKING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

APR 10 2018
T. SCOTT

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COVER LETTER

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

SUBJECT: COUNTRY CLUB VALET PARKING, 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: PAYCHX SERVICES, INC.

Name (Printed or typed)

6070 PITCH LANE

Address

BOYNTON BEACH, FLORIDA 33437

City, State & Zip

561-716-3111

Daytime Telephone number

PAULYFUN1@GMAIL.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 COUNTRY CLUB VALET PARKING, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
13900 JOG ROAD #203-158 _____
DELRAY BEACH, FLORIDA 33446 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
VALET PARKING AND LOT MANAGEMENT _____

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JOHN BELLINATO <i>President</i>	Name and Title:	_____
Address	13900 JOG ROAD #203-158 DELRAY BEACH, FLORIDA 33446 _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____
Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

2018 APR -9 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PAYCHX SERVICES, INC.
Address: 6070 PITCH LANE
BOYNTON BEACH, FLORIDA 33437

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAYCHX SERVICES, INC.
Address: 6070 PITCH LANE
BOYNTON BEACH, FLORIDA 33437

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 days prior or 90 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
03-16-18
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
03-16-18
Date

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