

P21000030233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

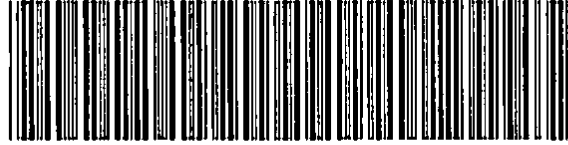
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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J DENNIS  
APR 05 2021

## COVER LETTER

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

SUBJECT: C & W LUXURY 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: CLIVE BROMFIELD  
Name (Printed or typed)

2141 NW 70TH AVENUE  
Address

MARGATE, FLORIDA 33063  
City, State & Zip

(954) 573-3265  
Daytime Telephone number

clived21@yahoo.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: C & W LUXURY LIMOUSINE SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
3890 W. COMMERCIAL BLVD  
SUITE 208  
TAMARAC, FLORIDA 33309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LIMOUSINE COMPANY TO TRANSPORT PASSENGERS.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CLIVE BROMFIELD, PRESIDENT</u>	Name and Title:	<u>SHELTON BROOMFIELD, VP</u>
Address	<u>2141 NW 70TH AVE</u>	Address:	<u>73 DEER CREEK RD</u>
	<u>MARGATE</u>		<u>DEERFIELD BEACH</u>
	<u>FLORIDA, 33063</u>		<u>FLORIDA, 33442</u>

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

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

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

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

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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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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: CLIVE BROMFIELD

Address: 2141 NW 70TH AVE

MARGATE, FL. 33063

**ARTICLE VII INCORPORATOR**

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

Name: CLIVE BROMFIELD

Address: 2141 NW 70TH AVE

MARGATE, 33063

**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*

Clive Bromfield

Required Signature/Registered Agent

3/4/2021

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.*

Clive Bromfield

Required Signature/Incorporator

3/4/2021

Date