

P/2000/03520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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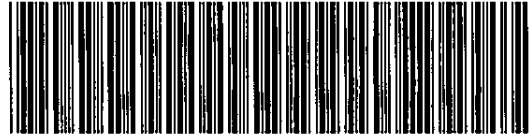
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 12/26/12

COVER LETTER

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

SUBJECT: MNJ Event Management & Consulting, 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: Nivia Butler

Name (Printed or typed)

6245 NW 175th Terrace

Address

Miami, FL 33015

City, State & Zip

305-437-3666

Daytime Telephone number

nivia40@bellsouth.net

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: **MNJ Event Management & Consulting, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6245 NW 175th Terrace
Miami, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide event logistics, administration, management, and consulting services; and any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: **1,000 shares at par value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nivia Butler, President
Address: 6245 NW 175th Terrace
Miami, FL 33015

Name and Title: _____
Address: _____

Name and Title: Nivia Butler, Treasurer
Address: 6245 NW 175th Terrace
Miami, FL 33015

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nivia Butler
Address: 6245 NW 175th Terrace
Miami, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nivia Butler
Address: 6245 NW 175th Terrace
Miami, FL 33015

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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

12/18/12

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

12/18/12

Date