

# F 0000000 5950

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Event Consultants, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Larry Leach  
(Name of Person)

Event Consultants, Inc.  
(Firm/Company)

719 Coral Dr.  
(Address)

Cape Coral, FL 33904  
(City/State/Zip)

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-10/16/00--01081--011  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Should you need to call someone concerning this matter, please call:

Larry Leach at (941) 945-6174  
(Name of Person) (Area Code & Daytime Telephone Number)

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00 OCT 16 PM 2:26  
TALLHASSEE, FLORIDA

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Event Consultants, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WT  
(State or country under the law of which it is incorporated)

3. 39-1277367  
(FEI number, if applicable)

4. 10-25-76  
(Date of incorporation)

5. perpetual  
(Duration: Year/corp. will cease to exist or "perpetual")

6. upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 719 Coral Dr. Cape Coral, FL 33904  
(Principal office address)

b. 719 Coral Dr. Cape Coral, FL 33904  
(Current mailing address)

8. Consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Larry Leach

Office Address: 719 Coral Dr.

Cape Coral, Florida 33904  
(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Larry Leach  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Larry Leach

Address: 719 Coral Dr.

Cape Coral, FL 33904

Vice Chairman: Karen Leach

Address: 719 Coral Dr.

Cape Coral, FL 33904

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Larry Leach

Address: 719 Coral Dr.

Cape Coral, FL 33904

Vice President: Karen Leach

Address: 719 Coral Dr.

Cape Coral, FL 33904

Secretary: Karen Leach

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

Treasurer: Larry Leach

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Larry Leach

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

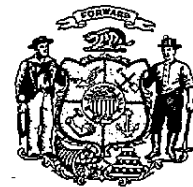
14. Larry Leach

(Typed or printed name and capacity of person signing application)

DOM  
180 181 185.

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

EVENT CONSULTANTS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is October 25, 1976.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 9, 2000.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY: A handwritten signature in black ink, appearing to read "Elyse Klaua".