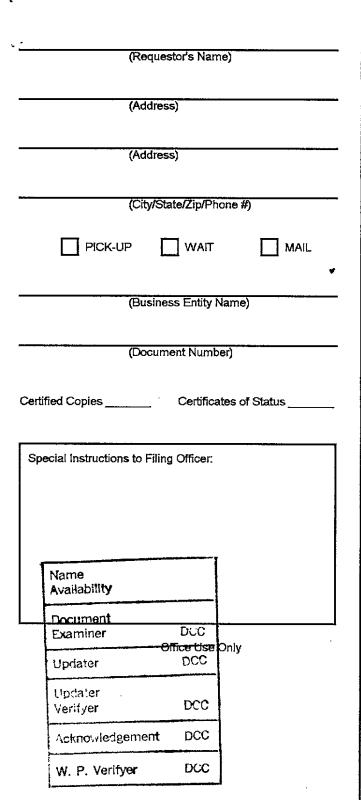
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SECRETARY OF STATE

person signing must be listed

TRANSMITTAL LETTER

	TO: Registration Se Division of Cor					
	SUBJECT:	EVENT	VITY IN	۷.		
	(Name of corporation - must include suffix)					
	Dear Sir or Madam:					
				act Business in Florida", need foreign corporation to		
	Please return all correspondence concerning this matter to the following:					
	PAULA SPANICH					
	(Name of Person)					
		NENTIVIY,	For.			
	~· · ·	(Firm	/Company)			
107 N.	Shire Art		vidress)	MAR Z		
	_	علا میں اس	tadress)	22857 T		
		City/St	ate and Zip code)	3280=3		
		(0.3)				
	For further information concerning this matter, please call:					
	0					
	YAVLA X	ANILH at (407.291.6			
	(Name of Perso	on) (Ai	rea Code & Daytime Telepl	none Number)		
	STREET ADDRESS:		MAILING ADDRES	SS:		
	Registration Section Division of Corporation	ıs.	Registration Section Division of Corporati	ions		
	409 E. Gaines St.		P.O. Box 6327			
	Tallahassee, FL 32399		Tallahassee, FL 323	14		
	Enclosed is a check for	the following amount:		,		
	□ \$70.00 Filing Fee	Status \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		



March 5, 2004

PAULA SPANICH EVENTIVIY, INC. 407 N. SHINE AVE ORLANDO, FL 32803

SUBJECT: EVENTIVITY INC. Ref. Number: W04000009090

We have received your document for EVENTIVITY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person that is signing the application as co-president must be listed as co-president on the application with her name and address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 604A00014947

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

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.	
EVENTIVITY TWE.	
(Enter name of corporation; must include "INCORPORATED,"—COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)	
March 20 000 Property	
4. MARCH 20, 2001 5. VERPETUAL (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
6. MARCH 2003	
(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. 407. North Shine Ave. ORLANDO, (Principal office address)	FL 3283
Same as above	0.00 2.000 3.000
(Current mailing address)	ECR.
8 EVENT PLANNING	
(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)	्र ST ST
	ATE
Name: PAULA SPANICH Office Address: 407 North Shine Arz.	RS ∴
OPLANDO , Florida 328 (City) (Zip code)	
(City) (Zip code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of mand I am familiar with and accept the obligations of my position as registered agent.	city. I
(Registered agent signature)	
(Registered agent 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. DIRECTOR	₹	
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		<u></u>
Director:		
		
B. OFFICERS		MAR
		R 22
President:	an 1) (: SA #1/	2 of
Address:	Chicago, IL 60640	
		3 5 m
_	PAULA SPANICH	
Address:	407 NORTH SHING AND	
	ORLANDO PL 32803	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If noce	essary, you may attach in addendum to the application listing additional officers and/or dir	ectors
	Dorse (a Dorse	
13	(Signature of Director of Officer listed in number 12 of the application)	
14	PAULA SPANICH	
	(Typed or printed name and capacity of person signing application)	

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of EVENTIVITY INC. was filed on 03/20/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of February two thousand and four.

Secretary of State

Secretary of State

Secretary of State

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