F09000004975

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
E. Slery Balton one AUTHORIZATION BY PHONETO Al fenate CORRECT # 9 and add Alfenate name
DATE 12/15/09 MRD

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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Creative Even	6 Me	
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the	
Please return all correspondence concerning this mat	ter to the following:	
E. Sheryl BALTAR		
Name	of Person	
CREATIVE EVENTS INC		
Firm/Company		
124 FALLWAY Drive		
Address		
Pass Christian, Ms 39571 City/State and Zip code		
Sherylbaltar 3 @ MSN.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Shery BALTAR at (228) 493 0779		
Name of Person Area Code & Daytime Telephone Number		
•		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
New Filing Section	New Filing Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:	. /	
\$70.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Certificate of Status}	\$78.75 Filing Fee & Sertified 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.

i. Creature Events INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")
Mannemakers INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Mississippi 3. 64-0900496 32 12
(State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date of incorporation) 5. Description: Year corp. will cease to exist or "perpetual";
6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 24 tawway 150. (Principal office address)
Dass Of wichou 11/ 20571
(Current mailing address)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: E. SHELYL BALTAR
Office Address: 249 Plantation Cull
Santa Kosa Beach , Fiorida 32459 2 3
(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 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.
a Man Dandan
E. onenji i outu
(Registered agont'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 Address: SECRETARY OF STATE Vice Chairman: Address: Director: ___ Address: Director: _ Address: _ **B. OFFICERS** Vice President: Address: Secretary: _ Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi 09 DEC 14 PM 4: 74
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 19, 2009, the State of Mississippi issued a Charter/Certificate of Authority to:

CREATIVE EVENTS INC

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand and seal of office December 10, 2009

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 11676193-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp