

**NO40000004810**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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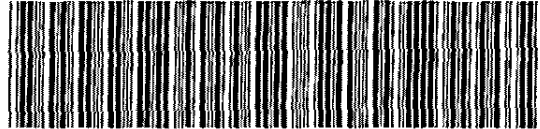
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
**04 MAY 12 PM 3:36**  
STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Xcel Wedding Chapel Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☒ <sup>K6</sup>\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ms. Karen E. Gilbert  
Name (Printed or typed)  
2933 N.W. 49th St  
Address  
Miami, Florida 33142  
City, State & Zip  
(305) 635-7016  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*Xcel Wedding Chapel Services, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*2933 N.W. 49th St  
Miami, FL 33142*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide Individual, Family and Cou  
Counseling for people whom are socially and economically d  
advantage. To provide affordable wedding services.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Appointed*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

*Mrs. Linda Young 14135 North Miami Ave. Miami, FL 33168  
Mrs. Alvena Johnson 445 N.E. 94th St Miami Shores, FL 33138  
Ms. Olhe Brown 5221 N.W. 34th Place Miami, FL 33142*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

*Ms. Karen Gilbert  
2933 N.W. 49th St  
Miami, FL 33142*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Ms. Karen Gilbert  
2933 N.W. 49th St  
Miami, FL 33142*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

*Karen Gilbert*  
\_\_\_\_\_  
Signature/Registered Agent

*5.7.04*  
\_\_\_\_\_  
Date

*Karen Gilbert*  
\_\_\_\_\_  
Signature/Incorporator

*5.7.04*  
\_\_\_\_\_  
Date