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SEGRETARY OF STATE FALLAHASSEE FLORIDA

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COVER LETTER

TALLAHASSEE NEW YEAR'S EL (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : \$70.00 \$78.75 \$78.75 Filing Fee Filing Fee & Filing Fee Filing Fce, Certificate of & Certified Copy Certified Copy & Ccrtificate Status ADDITIONAL COPY REQUIRED ROBERT /HALE).
Name (Printed or typed) NOTE: Please provide the original and one copy of the articles.

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

The name of the con	NAME poration shall be: TALLAHASSEE HE	EWYEAR'S EVE, INC.
ARTICLE II	PRINCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
	209 SOUTH ADAMS STREET	23 01
	PURPOSE	
The purpose for wh Said Cov Purposes Hhat aval	ich the corporation is organized is: MPANY 15 Organized txco Including the Making Ly as exempt organized	clusively for charitable of distributions to organize retions under section 5016)(3 internal Revenue Code, or the chithe directors are elected and appointed: corresponding
ARTICLE IV	MANNER OF ELECTION The manner in which	ch the directors are elected and appointed:
	Stoled in the bylows INITIAL OFFICERS AND/OR DIRECTORS, E. ROBERT THALE CONTROL 8853 WINGED FOOT DR. ACTOR TALLAHASSEE, FL 323	ame and Title: Section of any future code.
Name and Titl Address:		ame and Title:ddress:
Name and Titl Address;		ame and Title: ddress:
	REGISTERED AGENT da street address (P.O. Box NOT acceptable) of the r CUCKO 200ERT I HALEK 8853 WINGED FOOT DR	registered agent is: AHASS AH
	INCORPORATOR <u>ess</u> of the Incorporator is: KOSERT THALER 8853 Winced FOOT DVI TWICHASSEE, FL 323,	FLORIDA
	It as registered agent to accept service of process for iliar with and accept the appointment as registered agent. Required Signature of Registered Agent	or the above stated corporation at the place designated in this gent and agree to act in this capacity
	ent and affirm that the facts stated herein are true. If State constitutes a third degree felony as provided for	I am aware that any false information submitted in a document or in s.817.155, F.S.

Required Signature of Incorporator