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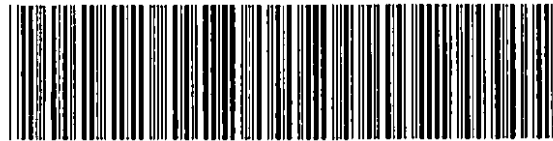
Certificates of Status \_\_\_\_\_

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FEB 14 2020



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2020 FEB 14 PM 12:25  
TALLAHASSEE, FL 32304

## COVER LETTER

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

SUBJECT: Event Services Professionals, 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

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Christina Abernathy  
Name (Printed or typed)

169 Magnolia Rdg  
Address

Crawfordville, FL 32327  
City, State & Zip

850-491-7270  
Daytime Telephone number

esptally@gmail.com

E-mail address: (to be used for future annual report notification)

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

I, Diane Roberts, am the owner of Event Services Professionals, LLC and am releasing the name Event Services Professionals for use by Event Services Professionals, Inc.

Diane M. Roberts

STATE OF FLORIDA  
COUNTY OF Leon

Subscribed for and signed before me this 14 day of Feb 20  
by Diane Roberts

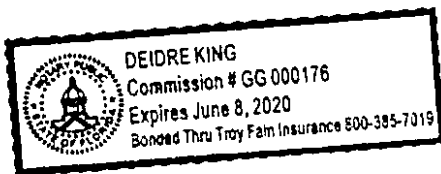
(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known ☐

OR Produced Identification ☒

Type of Identification Produced FL Drivers License



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2020 FEB 14 PM 12:00  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Event Services Professionals, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
169 Magnolia Ridge

Crawfordville, FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Educational: To educate and assist in the event industry.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The manner in which

the directors are elected or appointed is provided in bylaws of the corporation.

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

Name and Title: Christina Abernathy, Director

Address: 169 Magnolia Rdg  
Crawfordville, FL 32327

Name and Title: Kathy Carlson - Dir

Address: 1615 Village Square Blvd.  
Suite 3  
Tallahassee, FL 32309

Name and Title: Diane Roberts, Director

Address: 4894 Portal Drive  
Tallahassee, FL 32303

Name and Title: Bridgette Nicole Gandy - Dir

Address: 3013 Godfrey Place  
Tallahassee, FL 32309

Name and Title: Te'Rel Bowman, Director

Address: 2415 N. Monroe Street, Suite 200  
Tallahassee, FL 32303

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Christina Abernathy

Address: 169 Magnolia Rdg  
Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Christina Abernathy

Address: 169 Magnolia Rdg  
Crawfordville, FL 32327

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Christina Abernathy

Required Signature of Registered Agent

2/14/2020  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Christina Abernathy

Required Signature of Incorporator

2/14/2020  
Date