

TRANSMITTAL LETTER

P01000024438

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

SUBJECT: ABSOLUTELY FABULOUS FUNCTIONS, 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

JUDITH F. GAMM

Name (Printed or typed)

7116 RAIN FOREST DR.

Address

BOCA RATON Fla. 33434

City, State & Zip

561-271-1268

Daytime Telephone number

01 MAR -5 PM 2:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000003801750--5  
-03/06/01--01013--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

F. 012837 MAR 8 2001

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

ABSOLUTELY FABULOUS FUNCTIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7116 RAIN FOREST DR.

BOCA RATON, FLORIDA 33434

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EVENT PLANNING

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JUDITH F. GAMM  
7116 RAIN FOREST DR.  
BOCA RATON Fla  
33434

JOEL JOSEPHS  
22325 S.W. 66<sup>TH</sup> AVE. apt 2409  
BOCA RATON Fla  
33428

## ARTICLE VI REGISTERED AGENT

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

JUDITH F. GAMM  
7116 RAIN FOREST DR.  
BOCA RATON, Fla 33434

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUDITH F. GAMM  
7116 RAIN FOREST DR.  
BOCA RATON Fla 33434

\*\*\*\*\*  
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

Judith F. Gamm  
Signature/Registered Agent

Date

3/1/01

Judith F. Gamm  
Signature/Incorporator

Date

3/1/01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -5 PM 2:45

FILED