

TRANSMITTAL LETTER

PO1000088711

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

SUBJECT: BOW TIE EVENT PLANNERS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004573383--6  
-09/06/01--01110--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Barbara Weaver  
Name (Printed or typed)

27 S. Linden Drive  
Address

Orlando, FL 32807  
City, State & Zip

(407) 275-6037  
Daytime Telephone number

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

FILED  
2001 SEP -6 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B 9-10-01

# 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:

BOW TIE EVENT PLANNERS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

27 S. Linden Drive, Orlando, FL 32807

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To act as a consultant and/or event planner and/or the transaction of any or all lawful purposes for which corporations may be incorporated under the Florida Business Corporation Statutes.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

Barbara Weaver  
27 S. Linden Drive  
Orlando, FL 32807

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara Weaver  
27 S. Linden Drive  
Orlando, FL 32807

\*\*\*\*\*  
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

Barbara Weaver  
Signature/Registered Agent

9-5-01  
Date

Barbara Weaver  
Signature/Incorporator

9-5-01  
Date

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