P0100094865

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

800004575188--2 -09/07/01--01068--012

SUBJECT:	CHYLIFE I	,	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the arti		i i			
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED			
FROM:	204 37h	Printed or typed) AVE U#17	SECRETI	Olsep F		
	St Peters	State & Zip 0 0 - 9486	33764 STATE SEEL FLORIDA	SEP 28 AMII: 54		
Daytime Telephone number						

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

7. CASTE SEP 28 2084 5



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

September 11, 2001

SONIA PIATT 204 37 AVE N, #176 ST PETERSBURG, FL 33704

SUBJECT: CITY LIFE INC 7 City Life Parties "" Special Evads INC Ref. Number: W01000021115

We have received your document for GITY LIFE INC and your check(s) totaling \$78.75. However, the enclosed document has not been flect. \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist **New Filing Section**

Letter Number: 701A00051076

P.S. The NAME has been Changed to City Life Pasties N Special Events INC.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME The name of the corporation shall be: CHY Life partie	Sursu St	PecialEve	exts Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 204 37th Ave W +++7 (-
St Peters burg & 33704-1416 ARTICLE III PURPOSE The purpose for which the corporation is organized is:		÷	
Special Events ARTICLE IV SHARES The number of shares of stock is:	· ·		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):			
The name(s), address(es) and thie(s).		TA'S	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Sonia Piath Zoy 37th Ave W 4176		FILED OI SEP 28 AM II: 54 ECRETARY OF STATE LLAHASSEE, FLORIDA	, — w
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	-	(100c) (12. 24.	
Sonia Piatt 204 37th Ave N#176 ************************************	******	·*************	
Having been named as registered agent to accept service of process for the above stated concertificate. I am familiar with and accept the appointment as registered agent and agree to	orporation at the	place designated in th	
Signature/Registered Agent		04-0/ ate	
Signature/Incorporator	9 - - D	04-01 Pate	

ARTICLES OF INCORPORATION