

CAPITAL CONNECTION

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Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850) 224-8870

Fax Number : (850) 222-1222

FILED
2002 MAR 21 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

A ONE OF A KIND EVENT, INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

* SMITH MAR 21 2002

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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:

A ONE OF A KIND EVENT, inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.D. Box 950187 . Lake Mary, Fl 32795

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Event Planning

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Marlessia F. Thompson President/CEO

P.O. Box 950187

Lake Mary, Fl 32795

ARTICLE VI REGISTERED AGENT

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

Marlessia F. Thompson

(use po box whenever possible)

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Marlessia F. Thompson

P.O. Box 950187, Lake Mary, Fl 32795

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

Signature/Registered Agent

Date

3/20/02

Signature/Incorporator

Date

3/20/02

Marlessia F. Thompson

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