

P02000054154

TRANSMITTAL LETTER

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-05/13/02--01051--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

SUBJECT: TREASURED MEMORIES EVENT PLANNERS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$ 78.75

Filing Fee &  
Certificate

FROM: RITA M. WILSON  
Name (printed or typed)

7916 EDINBURGH DR.  
Address

NEW PORT RICHEY, FL 34653  
City, State & Zip

(727) 844-7172  
Daytime Telephone Number

FILED  
02 MAY 13 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

5/14/02 4

**ARTICLES OF INCORPORATION**

**FILED**

**02 MAY 13 AM 10:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.**

**ARTICLE I NAME**

**The name of the corporation shall be:**

**TREASURED MEMORIES EVENT PLANNERS, INC.**

**ARTICLE II PRINCIPAL OFFICE**

**The principal place of business and mailing address of this corporation shall be:**

**7916 EDINBURGH DR.  
NEW PORT RICHEY, FL 34653**

**ARTICLE III SHARES**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is:**

**500**

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

**The name and address of the initial registered agent is:**

RITA M. WILSON  
7916 EDINBURGH DR.  
NEW PORT RICHEY, FL 34653

**ARTICLE V INCORPORATOR(S)**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

RITA M. WILSON  
7916 EDINBURGH DR.  
NEW PORT RICHEY, FL 34653

**ARTICLE VI INITIAL OFFICER(S) AND DIRECTOR(S)**

RITA M. WILSON - DIRECTOR, V.P., TREASURER  
7916 EDINBURGH DR.  
NEW PORT RICHEY, FL 34653

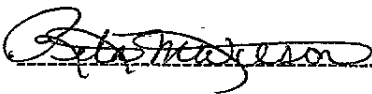
ANITA M. BANDY - DIRECTOR, PRESIDENT, SEC.  
8723 BETTY ST.  
PORT RICHEY, FL 34668


**The undersigned incorporator(s) has (have) executed these Articles of Incorporation this**

1ST day of MAY 2002 .

**Signature**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

FILED

02 MAY 13 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.**

**1. The name of the corporation is:** TREASURED MEMORIES EVENT PLANNERS, INC.

**2. The name and address of the registered agent and office is:**

RITA M. WILSON  
(Name)

7916 EDINBURGH DR.  
(P.O. Box not acceptable)

NEW PORT RICHEY, FL 34653  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature

5-7-02 Date