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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	<u>l</u> _
(Business Entity Name)	<u></u>
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECURIES SEE FLORIDA

TRANSMITTAL LETTER

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
□ \$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: Mae F. Johnson Name (Printed or typed)					
2843 Whittinton Dr. Address					
Tallahassee, FL 32309-8217					
	850 - 894 Daytime T	- 802 O			

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

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ARTICLES OF INCORPORATION

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

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SECRETANT OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

memories Wedding Essentials.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 13131

Tallahassee, FL 323#7-3/3/

ARTICLE III _ PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS (DIRECTORS (optional)

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

Johnson - Director

REGISTERED AGENT

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

Whittington Dr.

32309-8217

F. Johnson I INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Johnson

Higgton

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

Date $\frac{1-01-02}{1-01-02}$