

PA3000058826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

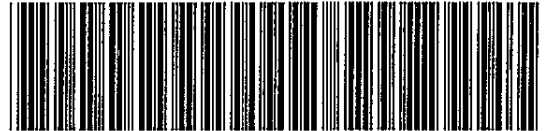
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800018829378

05/20/03--01069--004 \*+78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 MAY 20 PM 2:16

## TRANSMITTAL LETTER

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

**SUBJECT:** PATTY'S WONDERLAND OF BRIDES COMPANY  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** PATTY LYNN KEMP  
Name (Printed or typed)

3950 N.W. 177TH STREET

Address

MIAMI, FLORIDA 33055

City, State & Zip

(305) 624-7339

Daytime Telephone number

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

# 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:

PATTY'S WONDERLAND OF BRIDES COMPANY

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3950 N.W. 177TH STREET, MIAMI, FLORIDA 33055

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ORGANIZING WEDDINGS, RECEPTIONS AND RENEWAL OF VOWS

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

PATTY LYNN KEMP-PRESIDENT  
LAFARIES MORTIMER-TREASURER

## **ARTICLE VI REGISTERED AGENT**

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

LAFARIES MORTIMER 3230 N.W. 151ST TERRACE, OPA LOCKA, FLORIDA 33054

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LAFARIES MORTIMER 3230 N.W. 151ST TERRACE, OPA LOCKA, FLORIDA 33054

\*\*\*\*\*  
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

5/14/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/14/03  
\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 MAY 20 PM 2:16