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(City/State/Zip/Phone #)

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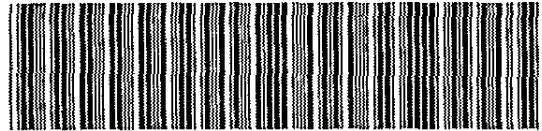
(Business Entity Name)

(Document Number)

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04 FEB 23 / 11:03:31
SECURITY

3-2-04

TRANSMITTAL LETTER

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

SUBJECT: YSM Event Planning & Consulting, Inc.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Monique Coleman Hamid
Name (Printed or typed)
8745 Pine Valley Lane
Address
Jacksonville, FL 32244
City, State & Zip
(904) 278-5082
Daytime Telephone number

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

**Articles of Incorporation
Of
YSM Event Planning & Consulting, Inc.**

FILED
04 FEB 23 AM 10:31
SECRETARY OF STATE
JAILORASSEE FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S., THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

**ARTICLE I
CORPORATE NAME**

The name of the Corporation is **YSM Event Planning & Consulting, Inc.**

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation is:

**YSM Event Planning & Consulting, Inc.
8745 Pine Valley Lane
Jacksonville, FL 32244**

**ARTICLE III
PURPOSE**

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

**ARTICLE IV
SHARES**

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 per value stock which shall be of one class only which shall be common voting stock.

**ARTICLE V
INITIAL OFFICERS AND/OR DIRECTORS**

The name and address of each person serving as a member of the initial Board of Directors are:

Monique C. Hamid (Secretary)
8745 Pine Valley Lane
Jacksonville, FL 32244

Sabrina J. Carter (President)
11042 Lydia Estates Dr., E.
Jacksonville, FL 32218

Chandra Y. Plummer (Vice President)
5658 Wolf Creek Drive
Jacksonville, FL 32222

**ARTICLE VI
REGISTERED AGENT**

The name and address of the registered agent is:

Monique C. Hamid
8745 Pine Valley Lane
Jacksonville, FL 32244

I hereby acknowledge and accept appointment as corporation registered agent:


Monique Coleman Hamid

**ARTICLE VII
INCORPORATORS**

The names and addresses of the Incorporators are:

Monique C. Hamid
8745 Pine Valley Lane
Jacksonville, FL 32244

Sabrina J. Carter
11042 Lydia Estates Dr., E.
Jacksonville, FL 32218

Chandra Y. Plummer
5658 Wolf Creek Drive
Jacksonville, FL 32222

IN WITNESS WHEREOF, the incorporator(s) has hereunto set his hand this 16th day of February, 2004.

That they are all incorporators herein; that they have read the above and foregoing Articles of Incorporation; know the contents thereof and that the same is true to the best of their knowledge and belief, excepting as to matters herein alleged upon information and belief and as to those matters they believe to be true.

INCORPORATORS:

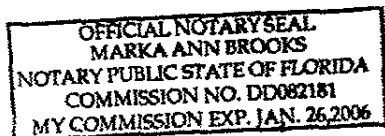
Monique Coleman Hamid
Monique Coleman Hamid

SJ Carter
Sabrina Jackson Carter

Chandra Yvette Plummer
Chandra Yvette Plummer

STATE OF FLORIDA)
 :§
COUNTY OF DUVAL)

On the 16th day of February, 2004, personally appeared before me Monique Coleman Hamid, Sabrina Jackson Carter and Chandra Yvette Plummer, the signers of the within instrument, who duly acknowledged to me he executed the same.



Marka Ann Brooks
Notary Public - State of Florida
My Commission Expires: