

P040000/40846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

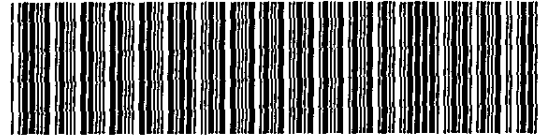
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/11/04--01034--023 \*\*78.75

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10-12-04

WPC

## TRANSMITTAL LETTER

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

**SUBJECT:** Absolutely Wild, 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:** Absolutely Wild

Name (Printed or typed)

75 Ninth Ave, Lower level

Address

New York, NY 10011

City, State & Zip

212-243-2494

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:

Absolutely Wild, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1444 Corbison Point Place  
Jupiter, Florida, 33458

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Event planning and design.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):

Peter Cunningham 77 West 24st, 17H New York NY 10010 Vice President  
Pablo Mizrahi 141 E.3rd st apt .9-G New York NY 10009. President, Treasurer  
Adela Stocco 1444 Corbison Point Place, Jupiter, FI 33458 Secretary

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

~~XXXXXXXXXXXX~~ Adela Stocco  
1444 Corbison Point Pl.  
Jupiter, Fl. 33458

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

\*\*\*\*\*  
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

Adela Stocco  
Signature/Registered Agent

10-4-04  
Date

Adela Stocco  
Signature/Incorporator

10-4-04  
Date

Secretary