

Box 136

905000081329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

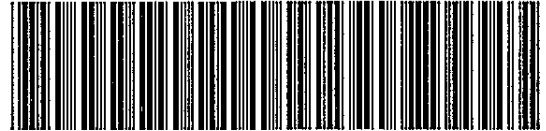
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

**SUBJECT:** Eventually Exquisite, 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:** Momika C. McCray

Name (Printed or typed)

P. O. Box 245425

Address

Pembroke Pines, FL 33024

City, State & Zip

305.336.3332

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:

Eventually Exquisite, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Physical: 551 S. W. 109th Avenue #104  
Pembroke Pines, FL 33025

Mailing: P. O. Box 245425  
Pembroke Pines, FL 33024

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To have a "legal" name and to be identified by the government as a business that provides an event planning service to the consumer.

### ARTICLE IV SHARES

The number of shares of stock is:

1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Momika C. McCray (Owner & CEO)  
551 S. W. 109th Avenue #104  
Pembroke Pines, FL 33025

### ARTICLE VI REGISTERED AGENT

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

Momika C. McCray  
551 S. W. 109th Avenue #104  
Pembroke Pines, FL 33025

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Momika C. McCray  
551 S. W. 109th Avenue #104  
Pembroke Pines, FL 33025

\*\*\*\*\*

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

M. C. McCray  
Signature/Registered Agent

5/27/05  
Date

M. C. McCray  
Signature/Incorporator

5/27/05  
Date

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05 JUN -3 PM 3:54  
TALLAHASSEE, FLORIDA