

705000687289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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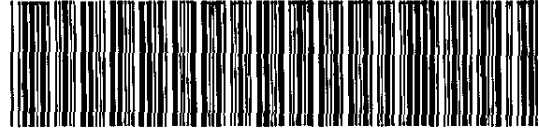
(Business Entity Name)

(Document Number)

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

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05 JUN 17 PM 2:29

06/17/05--01009--010 \*\*78.75

J. Shivers JUN 17 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Event Solutions of Florida, 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:** BRYAN REED

Name (Printed or typed)

2747 HORSESHOE DR

Address

PLANT CITY, FLORIDA 33567

City, State & Zip

813-719-9772

Daytime Telephone number

RECEIVED  
DIVISION OF CORPORATIONS  
05 JUN 17 PM 2:30

**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:

EVEVT SOLUTIONS OF FLORIDA, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2747 HORSESHOE DR / PLANT CITY, FLORIDA 33567

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

GENERAL BUSINESS

### **ARTICLE IV SHARES**

The number of shares of stock is:

500 / FIVE HUNDRED

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

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

BRYAN REED / 2747 HORSESHOE DR / PLANT CITY, FLORIDA 33567

### **ARTICLE VI REGISTERED AGENT**

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

BRYAN REED / 2747 HORSESHOE DR / PLANT CITY, FLORIDA 33567

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRYAN REED / 2747 HORSESHOE DR / PLANT CITY, FLORIDA 33567

\*\*\*\*\*

*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

06/15/2005

\_\_\_\_\_  
Date

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

06/15/2005

\_\_\_\_\_  
Date

FILED  
SECRETARY OF STATE  
JUN 17 2005  
05 JUN 17 PM 2:38