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COVER LETTER

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

SUBJECT: WEDDINGS BY VIOLA, 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 \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: VIOLA BROWN Name (Printed or typed) 109 EARNEST STREET Address QUINCY, FLORIDA 32351 City, State & Zip (850) 644-7969

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

Daytime Telephone number

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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:

WEDDINGS BY VIOLA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

109 EARNEST STREET QUINCY, FLORIDA 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

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):

Title: P
VIOLA BROWN
109 EARNEST STREET
QUINCY, FLORIDA 32351

ARTICLE VI REGISTERED AGENT

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

VIOLA BROWN 109 EARNEST STREET QUINCY, FLORIDA 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VIOLA BROWN 109 EARNEST STREET QUINCY, FLORIDA 32351

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 Date

Signature/Incorporator Date