

PO7000102518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

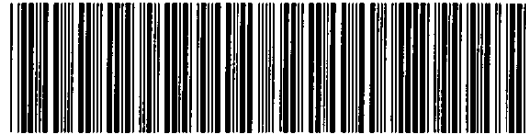
(Business Entity Name)

(Document Number)

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

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07 SEP 13 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pa*

## COVER LETTER

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

SUBJECT: Events In A Box, 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  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Monica Lopez  
Name (Printed or typed)

951 NW 126<sup>th</sup> Avenue  
Address

Coral Springs FL 33071  
City, State & Zip

(954) 937-3968  
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:

Events In A Box, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

951 NW 126<sup>th</sup> Avenue  
Coral Springs, FL 33071

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any lawful business

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paola Kriplean, Vice President  
Monica Lopez, President

Brian Kriplean, Treasurer  
Maximiliano Briones, Director

## ARTICLE VI REGISTERED AGENT

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

~~Monica Lopez~~ Brian Kriplean  
~~951 NW 126<sup>th</sup> Avenue~~ ~~951 NW 126<sup>th</sup> Avenue~~  
~~Coral Springs, FL 33071~~ Coral Springs, FL 33071

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monica Lopez  
951 NW 126<sup>th</sup> Ave  
Coral Springs, FL 33071

\*\*\*\*\*

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

Brian Kriplean Brian Kriplean

Signature/Registered Agent

9/9/07

Date

Monica Lopez Monica Lopez

Signature/Incorporator

9/9/07

Date

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