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# **COVER LETTER**

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

# SUBJECT: ENCHANTED EVENTS BY MARI, 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: M	ARIANA GAILEY	(Printed or typed)	
	1111 Brickell Bay Drive	e, Suite 811	
	Miami, Florida 33131	State & Zip	·
	305-215-2814  Daytime Te	elephone 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:

# ENCHANTED EVENTS BY MARI, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1111 Brickell Bay Drive Suite 811 Miami, Florida 33131

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Event planning

#### 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):

MARIANA GAILEY
1111 BRICKELL BAY DRIVE
SUITE 811
MIAMI, FLORIDA 33131
PRESIDENT

JAMES R. GAILEY 1111 BRICKELL BAY DRIVE SUITE 811 MIAMI, FLORIDA 33131 SECRETARY AND TREASURER



•	
ARTICLE VI REGISTERED AGENT	4. 0 -
The name and Florida street address (P.O. Box NOT accepta	ble) of the registered agent is
James Robert Gailey	
701 Brickell Avenue	
Suite 3000 Miami, Florida 33131	Section 1
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	53
MARIANA GAILEY	26
1111 Brickell Bay Drive	<b>**</b>
Suite 811 Miami, Florida 33131	
**************************************	*****
Having been named as registered agent to accept service of process for th	e above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered age	nt and agree to act in this capacity
Jon Stailell	01.09.2008
Signature/Registered Agent	Date
// • A • /// •	
Ny galler	01.09.2008