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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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2008 APR | 4 PM 4: 3|
SECRETARY OF STATE
TALLAHASSEE, FLORID,

08.414

COVER LETTER

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

\$70.00

□ \$78.75

SUBJECT: Imagine That, Creations & EVENTS, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee	& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Emily Robin	S()	······································	
650 NE 59th Ct Address				
	Oakland Parl	K, FL 333 y, State & Zip	34	
	954-553- Daytime	5153 Telephone number		

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

	EII ==
ARTICLES OF INCORPORATION	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	2000 APR 14 PM 4:31
ARTICLE I NAME The name of the corporation shall be:	TALL AHARY OF STATE
The name of the corporation shall be: I magine That, Creations & Ever	+S, Inc
ARTICLE II PRINCIPAL OFFICE	
The principal <u>street</u> address and mailing address, if different is:	
050 NE 59th Ct Oakland Park, FL 33334	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
PIOTIT	
ARTICLE IV SHARES The number of shares of stock is:	
(CO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Emily Robinson (President) 650 NE 59th Ct Oakland Park, FL 38334	
650 NE 59th Ct	
Dariano rair, FL 55559	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the reg	rictored agent ic
Emily Robinson	distored agent is.
650 NE 59th Ct	
Oakland Dalk, FL 33334 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Emily Robinson 650 NE 59th Cf Oakland Park, FL 33334	
650 NE 59th Ct	
00 H (CNO 101 D, 1 L 3)))) ****************************	*********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
8-1-11	411
Signature Registered Agent	7 10 10 8 Date
Giginaty Accession Agent	11711.0

Signature/Incorporator