

P08000072314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

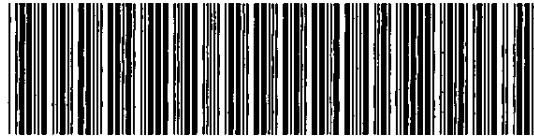
(Business Entity Name)

(Document Number)

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08 AUG - 1 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/1/08

## COVER LETTER

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

SUBJECT: LMG 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:

☐ \$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: Leticia Gobel

Name (Printed or typed)

7995 SW 110 ST

Address

Miami, FL 33156

City, State & Zip

305-595-8350

Daytime Telephone number

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