

P08000076984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

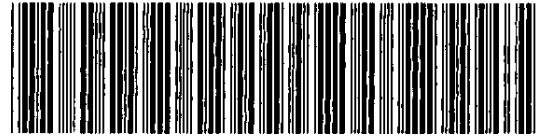
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W08-37706

Office Use Only



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08/11/08--01062--004 **78.75

FILED
2008 AUG 19 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/19/08

COVER LETTER

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

SUBJECT: True Professional Event and Party Planners
(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: Tyrone Walker
Name (Printed or typed)

2512 Callaway Drive
Address

Orlando Fl. 32824
City, State & Zip

407-857-6119
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2008

TYRONE WALKER
2512 CALLAWAY DRIVE
ORLANDO, FL 32824

SUBJECT: TRUE PROFESSIONAL EVENT AND PARTY PLANNERS
Ref. Number: W08000037706

We have received your document for TRUE PROFESSIONAL EVENT AND PARTY PLANNERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 408A00045456

RECEIVED
08 AUG 19 AM 8 00
DIVISION OF CORPORATIONS

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:

True Professional Event and Party Planners Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2512 Callaway dr. Orlando Fl. 32824

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:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tyrone Walker 2512 Callaway Dr. Orlando Fl 32824 President

Gloria Walker 2512 Callaway Dr. Orlando Fl. 32824 Vice President

ARTICLE VI REGISTERED AGENT

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

Tyrone Walker 2512 Callaway Dr. Orlando Fl. 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tyrone Walker 2512 Callaway Dr. Orlando Fl 32824

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

Tyrone Walker

Signature/Registered Agent

August 14, 2008

Date

Tyrone Walker

Signature/Incorporator

August 14, 2008

Date

FILED
2008 AUG 19 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA