

P08000091056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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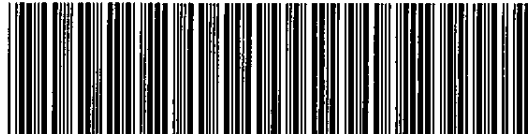
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-07-08
2008

COVER LETTER

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

SUBJECT: ONYX EVENTS, INCORPORATED

(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: AUDREY A. ANDERSON

Name (Printed or typed)

10211 PINES BOULEVARD, #118

Address

PEMBROKE PINES, FL, 33026

City, State & Zip

954-450-9697

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:

ONYX EVENTS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

10211 PINES BOULEVARD, #118, PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EVENT PLANNING

ARTICLE IV SHARES

The number of shares of stock is:

1 (ONE) SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AUDREY ANDERSON - Founder-President

JENNIFER ANDERSON - Chief Financial Officer

GERALD ANDERSON - Chief Operating Officer

ARTICLE VI REGISTERED AGENT

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

JENNIFER S. ANDERSON

10211 PINES BOULEVARD, #118, PEMBROKE PINES, FL 33026

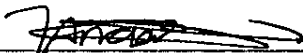
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AUDREY A. ANDERSON,

10211 PINES BOULEVARD, #118, PEMBROKE PINES, FL 33026

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



Signature/Registered Agent

9-30-08

Date



Signature/Incorporator

9-30-08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA