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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		
SUBJECT: CK Event Management Inc.	TE NAME MINTING	HAE CHEELV
Enclosed are an original and one (1) copy of the artic	TE NAME - MUST INCL	
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	
FROM: Catherine King Provan	Printed or typed)	
601 Reflection Cove Rd.	Address	
Jacksonville, FL 32218 City,	State & Zip	
954-323-8884 Daytime To	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:

CK Event Management Inc.

ARTICLE II PRINCIPAL OFFICE

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

601 Reflection Cove Rd. Jacksonville, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide event management services for groups and businesses

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Catherine King Provan - President, Vice President 601 Reflection Cove Rd. Jacksonville, FL 32218

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Catherine King Provan 601 Reflection Cove Rd. Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Keith E. Johnson CPA 1351 Alderman Rd. E. Jacksonville, FL 32211

Article VIII: The Effective date of the corporation shall be February 1, 2009

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 Date

Signature/Incorporator Date

Date

Date

Date