

P/D 0000 476 90

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

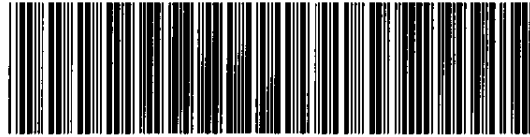
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000181596160

06/04/10--01009--020 **87.50

FILED

2010 JUN -4 P 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN -7 2010
D.A. WHITE

COVER LETTER

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

SUBJECT: TOTAL EVENT SERVICES, 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: LARRY SLIVINSKI
Name (Printed or typed)

P.O. BOX 6438
Address

LAKELAND, FLORIDA 33807-6438
City, State & Zip

863-607-9100
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

TOTAL EVENT SERVICES, INC.

FILED

2010 JUN -4 P 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

STREET MAIL
2137 KIRKLAND LAKE DRIVE P.O. BOX 6438
AUBURNDALE, FLORIDA 33823 LAKELAND, FL 33807-6438

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO CONDUCT ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) COMMON SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

L. SLIVINSKI
DIRECTOR
P.O. BOX 6438
LAKELAND, FL 33807-6438

ARTICLE VI REGISTERED AGENT

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

LARRY SLIVINSKI
2137 KIRKLAND LAKE DRIVE
AUBURNDALE, FLORIDA 33823

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LARRY SLIVINSKI
P.O. BOX 6438
LAKELAND, FL 33807-6438

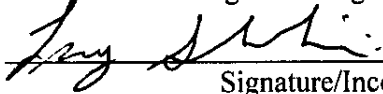
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

JUNE 1, 2010

Date



Signature/Incorporator

JUNE 1, 2010

Date