

**P/D 0000 476 90**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)


\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entry Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

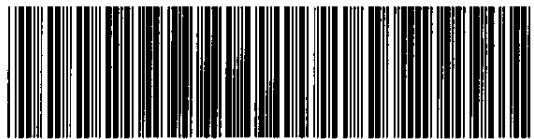
Special Instructions to Filing Officer: 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

TOTAL EVENT SERVICES, INC.

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**

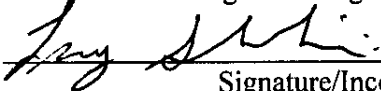
The name and address of the Incorporator is:

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