

P10000095251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

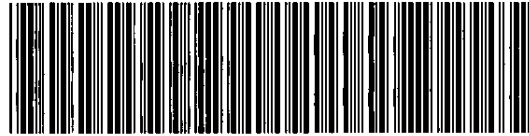
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400187862654

11/19/10--01012--019 \*\*87.50

FILED

10 NOV 19 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRs  
11/23

## COVER LETTER

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

SUBJECT: Incomparable Events 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: Erlange A. Borgela  
Name (Printed or typed)

3500 NW 32nd ST  
Address

Lauderdale Lakes, FL 33309  
City, State & Zip

954-773-1549  
Daytime Telephone number

incomparableevents@yahoo.com  
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**

10 NOV 19 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

Incomparable Events INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3500 NW 32nd ST  
Lauderdale Lakes, FL 33309

Mailing address, if different is:  
3500 NW 32nd ST  
Lauderdale Lakes, FL 33309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

We are an event planning company that contains 5 partners.

**ARTICLE IV SHARES**

The number of shares of stock is: 5

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Louna Jean Philippe CEO  
Address: 8270 Cleary Blvd apt 2712  
Plantation, FL 33324

Name and Title: Edeline Pierre COO  
Address: 3500 NW 32nd ST  
Lauderdale Lakes, FL 33309

Name and Title: Erlange Borgela CCO  
Address: 7375 NW 20th Ct  
Sunrise, FL 33313

Name and Title: Margarette Telus-Prosper CFO  
Address: 6205 NW 76 Manor  
Parkland, FL 33067

Name and Title: Camelle Casimir CMO  
Address: 1134 NW 81 Terr  
Plantation, FL 33322

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Erlange A. Borgela  
Address: 7375 NW 20th CT  
Sunrise, FL 33313

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Erlange A. Borgela  
Address: 7375 NW 20th CT  
Sunrise, FL 33313

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

  
Required Signature/Registered Agent

11/15/2010  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

11/15/2010  
Date