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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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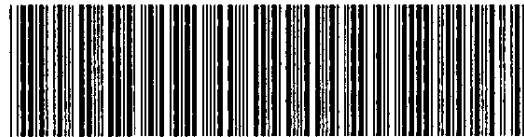
(Business Entity Name)

(Document Number)

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

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2011 FEB 18 PM 4:41

CLERK OF STATE  
JAIL ADMINISTRATOR, FLORIDA

T. Burch FEB 21 2011

## COVER LETTER

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

**SUBJECT: MODELS ON DEMAND, 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: Mandy Pavlakos, Esq.

Name (Printed or typed)

4019 W. First Street

Address

Sanford, FL 32771

City, State & Zip

407-688-1301 Ext. 303

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:

MODELS ON DEMAND, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3185 Smoke Signal Circle  
Kissimmee, FL 34746

Mailing address, if different is:

263 West Olive Ave.  
Unit 356  
Burbank, CA 91502

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for event and promotional staffing and any other lawful purpose.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Tina Elana Martinez  
Address: President and Owner  
263 West Olive Ave., Unit 356  
Burbank, California 91502

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

Name and Title: Adrienne Willis  
Address: Vice President  
7029 Bodega Point Circle  
Las Vegas, NV 89113

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

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

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: Gustavo Martinez  
Address: 3185 Smoke Signal Circle  
Kissimmee, FL 34746

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mandy Pavlakos, Esq.  
Address: 4019 W. First Street  
Sanford, FL 32771

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

x [Signature]  
Required Signature/Registered Agent

Jan 7, 2011  
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.

Mandy Pavlakos  
Required Signature/Incorporator

2-1-11  
Date

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA