

P11000022929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

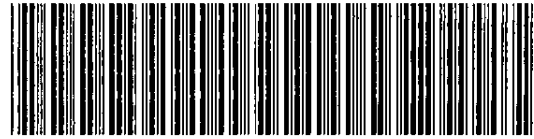
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/11--01065--007 **87.50

EFFECTIVE DATE 03/11/11

FILED
11 MAR -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/09/11

COVER LETTER

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

SUBJECT: 3 Wise Women 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: Sherrie L. Knop
Name (Printed or typed)

639 N. Donnelly St.
Address

Mount Dora, FL 32757
City, State & Zip

352 272-1959
Daytime Telephone number

Sherrie@3wisewomenevents.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)

ARTICLE I NAME 3 Wise Women Events, Inc.
The name of the corporation shall be:

EFFECTIVE DATE 03/11/11

ARTICLE II PRINCIPAL OFFICE
Principal street address
639 N. Donnelly St.
Mount Dora, FL 32757

Mailing address, if different is:
P O Box 774
Mount Dora, FL 32756

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business activity

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Morgan-President
Address: 11105 Lackabee St
Leesburg, FL 34788

Name and Title: Kelly Jordan Cihal-Vice President
Address: 1210 S. Grove St
Eustis, FL 32726

Name and Title: Sherrie I. Knop-Secretary/Treasurer
Address: P. O. Box 2054
Mount Dora, FL 32756

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: Sherrie L. Knop
Address: 639 N. Donnelly St
Mount Dora, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sherrie I. Knop
Address: 639 N. Donnelly St
Mount Dora, FL 32757

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

Sherrie I. Knop
Required Signature/Registered Agent

3/3/11
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.

Sherrie I. Knop
Required Signature/Incorporator

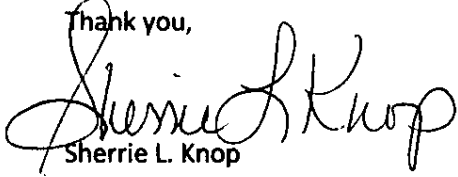
3/3/11
Date

FILED
MAR - 7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 Wise Women Events, Inc.

Please make the effective date of this corporation: March 11, 2011 (3/11/11)

Thank you,



Sherrie L. Knop

(352) 459-1842

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11 MAR -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA