

P110000057835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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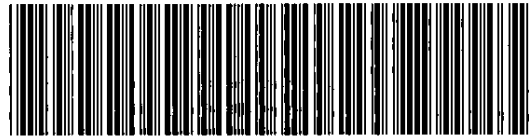
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/11--01029--015- **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 21 PM 12:44

PS 6/22/11



RECEIVED

11 JUN 21 PM 4:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2011

ARKILA MICKLES
3321 NW 80TH TERR
MIAMI, FL 33147

SUBJECT: B-XCLUSIV EVENTS AND PROMOTIONS, INC
Ref. Number: W11000032180

We have received your document for B-XCLUSIV EVENTS AND PROMOTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 511A00014442

COVER LETTER

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

SUBJECT: B-Xclusiv Events and Promotions, 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: Arkila Mickles

Name (Printed or typed)

3321 NW 80th terrace

Address

Miami, FL 33147

City, State & Zip

786-213-3289

Daytime Telephone number

Bexclusivevents@gmail.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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **B-Xclusiv Events and Promotions, Inc**

11 JUN 21 PM 12:44

ARTICLE II PRINCIPAL OFFICE

Principal street address
3321 NW 80th terrace
Miami, FL 33147

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Event planning and Custom Decor for all occasions

ARTICLE IV SHARES

The number of shares of stock is ^{AM} 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Arkila Mickles owner/CEO**
Address: **3321 nw 80th terrace**
Miami, FL 33147

Name and Title:
Address:

Name and Title:
Address:

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: **Arkila Mickles**
Address: **3321 nw 80th terrace**
miami, fl 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Arkila Mickles**
Address: **3321 nw 80th terrace**
Miami, FL 33147

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

06/06/2011

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.

Required Signature/Incorporator

06/06/2011

Date