# P11000089797

(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
Office Use Only			

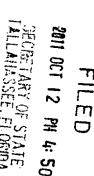


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Department of State New Filing Section Division of Corporation P.O. Box 6237 Tallahassee, Fl 32314

SUBJECT: ALL AMERICA CITIES ACTIVITIES & SPECIAL EVENTS, INC.

Enclosed are an orginial and one copy of the articles of incorporation and a check for \$78.75 for Filing Fee and Certificate of Status.

If you have any questions please please call me at:

Shirley Martin, (954) 496-6185 Shady Lane, Rockledge, Fl 32955

Thank you

Check #1113 - Shirley Check #7479-Margo



# RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2011

SHIRLEY MARTIN 58 SHANY LANE ROCKLEDGE, FL 32955

SUBJECT: ALL AMERICA CITIES ACTIVITIES & SPECIAL EVENTS, INC.

Ref. Number: W11000050604

We have received your document for ALL AMERICA CITIES ACTIVITIES & SPECIAL EVENTS, INC. and your check(s) totaling \$78.74. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type the name and address of the all the officers/directors in article 5.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 011A00022605

### ARTICLES OF INCORPORATION

ALL AMERICA CITIES ACTIVITIES & SPECIAL EVENTS, INC.

The undersigned being desirous of forming a corporation under the provision of Chapter 607 of the Florida Statutes do agree to the following:

#### ARTICLE I

The name of the corporation shall be: ALL AMERICA CITIES ACTIVITIES & Special Events, Inc., and its prinicipal place of business and mailing address of this corporation is: 58 Shady Lane, Rockledge, Fl 32955.

#### ARTICLE II

The purpose of this corporation is to engage in any lawful activities for which a corporation may be organized under the General Corporation Law of the State of Florida.

#### ARTICLE III

This corporation is authorized to issue only one class of stock which shall be as common stock. The total number of shares it is to authorized to issue is to shares.

#### ARTICLE IV

The name and address of the initial registered agent for the service of process is: Shirley Martin, 58 Shady Lane, Rockledge, Floria 32955.

#### ARTICLE V

The names and addresses of the persons who are appointed to act as the initial directors of this corporation are:

NAME, Address and Title

Phirley Marlin C. D.

S & Alady So, Rackledge 36 9 44 Bowing Im Rockledge 75 945 5

Lle 2 sheet Indivated per Margerite Smith-C.E.O.

944 Bowey Lane, Rockledge, Fl
32955

Samantha Martin-Treasure

Shirley Martin - Founder/C.E.O./Owner 90. Box 1312, Ft. Lauderdale, Fl
58 Shady Lane, Rockledge, Fl 32955

33302

Elizabeth Heyward- Secretary 58 Shady Lane, Rockledge, Fl 32955

#### ARTICLE VI

The name and addresses of the Incorp	orators
and their signatures are:	5 / <del>/</del>
Shuley Markn	marghenter 4. Smile
58 shady Same Rock adge, 3/80	944 Bowing Lone Rockledge, R3005
Sheley Justin 9/34/2011	nayuntey South 9-24-11

Ξ,

## CERTIFICATE OF DESIGNATION REGISTERED OFFICE

PURSUIT TO THE PROVISION OF FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

ALL AMERICA CITYS ACTIVITIES & SPECIAL EVENTS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE\_IS:

SHIRDEYMMARTIN

58 SHADY LANE , ROCKLEDGE, FLORIDA

BROWARD\_COUNTY, FLORIDA 32955

Shrley Martin ESIGNATURE

9/34/2011

DATE

HAVING BEEN NAMED AS REGISTERD AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.

Skuley Frata
SIGNATURE/REGISTERED AGENT

9/24/2011 DATE/

DATED THIS 24 DAY OF Floring, 2017.
IN WITNESS THERE OF, THE UNDERSIGNED BEING THE INCORPORATOR OF THIS CORPORATION HAVE EXECUTED THESE ARTICLES OF INCORPORATION.

Skuley Martin

SIGNATURY

9/34/301/

DATE