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| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

•

| SUBJECT: Broadreach Events, Inc. | C. TE NAME – MUST INCLUDE SUPPIX) |
|---|--|
| Enclosed are an original and one (1) copy of the arti | |
| \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: Marci Wilhelm | (Printed or typed) |
| 3101 S Omar Ave | ddress |
| Tampa, FL 33629 | State & Zip |
| 813-393-9805 Daytime Te | lephone number |
| mwilhelm@medpartnersh E-mail address: (to be used | for future annual report notification) |

NOTE: Please provide the original and one copy of the articles.

Broadreach Events, Inc. Marci Wilhelm, President 3101 S Omar Ave Tampa, FL 33629

October 10, 2011

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Document #: P08000102091 Broadreach Events, Inc.

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, Broadreach Events, Inc., therefore releasing the name for use to another entity.

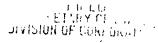
If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,

Marci Wilhelm,

President

2011 NOV -4 PM 2: 0:



ARTICLES OF INCORPORATION

| | in compliance with Chapter 607 | and/or Chapter 621 | i, r.s. (rioni) Zuil NUV - 4 PM |
|----------------------|---|----------------------|---|
| ARTICLE I | NAME | . | _ |
| The name of the | corporation shall be: Broadreach | n Events, | Inc. |
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | • | Mailing address, if different is: |
| | 3101 S Omar Ave Tampa, Fl. 33629 | • • | |
| | 18mps, F1 33b29 | | |
| | | | |
| ARTICLE III | | | |
| | which the corporation is organized is: | | |
| ror any and | a ali lawiui purpose. | | |
| | • | | |
| • | • | | • |
| | | | |
| ARTICLE IV | Shares | | |
| | hares of stock is: 1000 | | |
| | | 0.00 | |
| | INITIAL OFFICERS AND/OR DIRECT Title:Marcl Wilhelm, President | | la. |
| Name and Address: | 3101 S Omar Ave | | le: |
| Address. | Tampa FL 33629 | Andress. | |
| | | | |
| No a and | TalesOterra Dana MD | None and Titl | 1 - |
| Name and Address: | Title:Steve Rose, VP 3101 S Omar Ave | Name and 110 | |
| nuu ças. | Tampa, FL 33629 | | |
| | | | |
| Name and | Title: | Name and Titl | |
| Address: | AMG. | Address: | G |
| | | | |
| | | | |
| RTICLE VI | REGISTERED AGENT | | |
| | orida street address (P.O. Box NOT acceptable) | of the registered as | ent is: |
| Name: | Marci Wilhelm | | •••• |
| Address: | 3101 S Omar Ave | | |
| | Tampa, Fl. 33629 | | |
| RTICLE VII | INCORPORATOR | | |
| | dress of the Incorporator is: | | |
| Name: | Ron Porat | | |
| Address: | 6702 N Gunlock Ave | | |
| | Tampa, FL 33614 | | |
| lavino heen nam | ed as registered agent to accept service of proc | ess for the above st | aind cornoration at the place designated in |
| | m familiar with and accept the appointment as re | | |
| 7000 | | · - | |
| WYYau | ~ Willhill | | 10-28-11 |
| · '(| Required Signature/Registered Agent | | Date |
| submit this docs | ment and affirm that the facts stated herein a | re true. I am aware | that the false information submitted in a |
| Climent to the D | epartment of State constitutes a third degree felo | ny as provided for t | n s. 817.155, F.S. |
| 14 | | · | |
| 17 | | | 10-28-11 Date |
| | Required Signature/Incorporator | | Date |