

P11000109373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

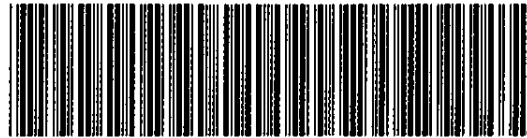
(Business Entity Name)

(Document Number)

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

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 DEC 29 PM 2:04

12/30/11

## COVER LETTER

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

SUBJECT: UDREAM 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: CRISTINA MARTIN  
Name (Printed or typed)  
2040 PLATEAU RD  
Address  
CLEARWATER, FLORIDA 33755  
City, State & Zip  
727-244-9909  
Daytime Telephone number  
C.MARTIN@UDREAMEVENTS.COM  
E-mail address: (to be used for future annual report notification)

2011 DEC 29 PM 2:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)

**EFFECTIVE DATE**

01/01/12

**ARTICLE I NAME**

The name of the corporation shall be: UDREAM EVENTS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2040 Plateau Rd  
Clearwater, FL 33755

Mailing address, if different

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The company is formed to engage in all lawful business activities.

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000

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

Name and Title: Cristina Martin, President

Address: 2040 Plateau Rd  
Clearwater, Florida  
33755

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: Cristina Martin  
Address: 2040 Plateau Rd  
Clearwater, FL 33755

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cristina Martin  
Address: 2040 Plateau Rd  
Clearwater, FL 33755

**ARTICLE VIII - EFFECTIVE DATE**

The effective date of incorporation shall be 01/01/2012

Name: Cristina Martin  
Address: 2040 Plateau Rd  
Clearwater, Florida 33755

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

Cristina Martin  
Required Signature/Registered Agent

12/23/2011  
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.

Cristina Martin  
Required Signature/Incorporator

12/23/2011  
Date