

P12000001300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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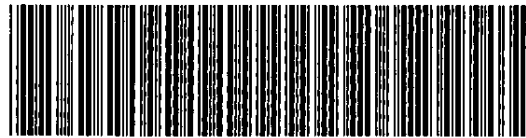
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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W11000036542

COVER LETTER

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

SUBJECT: Your Event Architects, 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: Pamela Woodruff

Name (Printed or typed)

5801 Riverside Dr. #204

Address

Coral Springs, FL 33067

City, State & Zip

954-257-1776

Daytime Telephone number

youreventarchitects@gmail.com ✓

E-mail address: (to be used for future annual report notification)

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12 JAN -4 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2011

PAMELA WOODRUFF
5801 RIVERSIDE DR #204
CORAL SPRINGS, FL 33067

SUBJECT: YOUR EVENT ARCHITECTS, INC.
Ref. Number: W11000036542

We have received your document for YOUR EVENT ARCHITECTS, INC. and your check(s) totaling \$87.50. 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.

You must list at least one incorporator with a complete business street address.

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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 211A00016449



Your Event Architects

"Designing the perfect day. Building eternal memories!"

December 30, 2011

Via Certified Mail, Return Receipt
Requested, #7088 3230 0002 4009 7373

Attn: Diane Cushing
State of Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: YOUR EVENT ARCHITECTS, INC.
Your Reference #: W11000036542

Dear Diane,

Pursuant to the letter from Ms. Fason dated July 11, 2011 and my conversation with you today, please find enclosed a revised Articles of Incorporation for Your Event Architects, Inc. I have also enclosed a copy of Ms. Fason's letter for your reference a self-addressed, stamped envelope and additional copies for return of the Certified Copy and Certificate of Status. The fee of \$87.50 was previously submitted with the original filing. A copy of check number 2123 drawn from my personal account is enclosed for your reference.

Thank you for your prompt attention to this matter. If you have any questions or require additional information from me, I can be reached at 954-257-1776.

Sincerely,

Pamela Woodruff, Partner
Event Specialist

/plw
Enclosures

cc: Brandi Hernandez

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME YOUR EVENT ARCHITECTS, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2044 Maravilla Cr.
Fort Myers, FL 33901

Mailing address, if different is:
5801 Riverside Dr. #204
Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful activity and business permitted under the laws of the United States, the State of Florida or any other, state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>Brandi Hernandez, PTNR</u> | Name and Title: _____ |
| Address: <u>2044 Maravilla Cr.</u> | Address: _____ |
| <u>Fort Myers, FL 33901</u> | _____ |

| | |
|--|-----------------------|
| Name and Title: <u>Pamela Woodruff, PTNR</u> | Name and Title: _____ |
| Address: <u>5801 Riverside Dr. #204</u> | Address: _____ |
| <u>Coral Springs, FL 33067</u> | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Pamela Woodruff
Address: 5801 Riverside Dr. #204
Coral Springs, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pamela Woodruff
Address: 5801 Riverside Dr. #204
Coral Springs, FL 33067

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

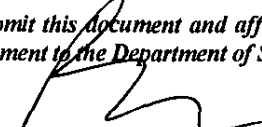


Required Signature/Registered Agent

4/18/11

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.



Required Signature/Incorporator

4/18/11

Date

FILED
12 JAN -6 AM 8:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE