

P12000038553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

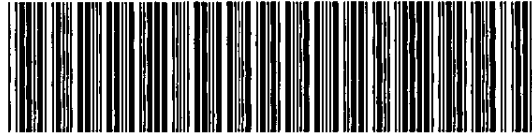
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800230695628

04/24/12--01022--002 **78.75

FILED
2012 APR 24 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2012

COVER LETTER

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

SUBJECT: Royal Events Corp.
(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: Maggie S. Salam
Name (Printed or typed)

8390 S.W. 72 Ave, Suite 504
Address

Miami, FL 33143
City, State & Zip

(305) 798-0484
Daytime Telephone number

Salamaggie@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 24 PM 12:02

FILED

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)

ARTICLE I NAME

The name of the corporation shall be: Royal Events Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8390 S.W. 72 Ave
Suite 504
Miami, FL 33143

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as an Event Planning
business. Professional Corporation.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maggie S. Salam, President Name and Title: _____

Address: 8390 S.W. 72 Ave Address: _____
Suite 504
Miami, FL 33143

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Maggie S. Salam
Address: 8390 S.W. 72 Ave, Suite 504
Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maggie S. Salam
Address: 8390 S.W. 72 Ave, Suite 504
Miami, FL 33143

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

[Signature]
Required Signature/Registered Agent

04/20/2012
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.

[Signature]
Required Signature/Incorporator

04/20/2012
Date

FILED
2012 APR 24 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA