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13 FEB 14 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/18/13

**COVER LETTER**

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

**SUBJECT: Wedding & Event Planning Design Studio, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: Debra Griffin**

Name (Printed or typed)

**PO Box 565532**

Address

**Miami, FL 33176**

City, State & Zip

**786-510-3761**

Daytime Telephone number

**debrathebookkeeper@gmail.com**

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

**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: Wedding & Event Planning Design Studio, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7291 Red Road

Miami, Florida 33143

Mailing address, if different is:

PO Box 565532

Pinecrest, FL 33256

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Wedding & Event Planning Design Studio

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Debra Griffin, President

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(conti.)

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: Debra Griffin  
Address: 5816 SW 77th Terrace  
Miami, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Debra Griffin  
Address: 5816 SW 77th Terrace  
Miami, FL 33143

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*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*

Debra Griffin  
Required Signature/Registered Agent

2.14.13  
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.*

Debra Griffin  
Required Signature/Incorporator

2.14.13  
Date