

P13000074766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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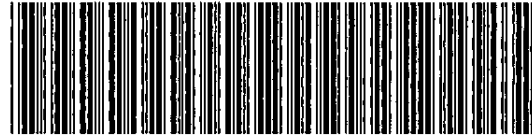
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/12/13

COVER LETTER

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

SUBJECT: EVERly Event Planners & Rentals 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: Jennired C. Collazos & Laura Jaime
Name (Printed or typed)

11098 Biscayne Blvd suite 302
Address

Miami FL 33161
City, State & Zip

(786) 556 8401 and (813) 775 5164
Daytime Telephone number

Jenni_337@hotmail.com laurycode@hotmail.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:

Everly Event Planners & Rentals Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11098 Biscayne Blvd suite 302
Miami FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful
business

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ARTICLE IV SHARES

The number of shares of stock is:

100 common shares @ \$1.00 Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jennifer C. Collazos PD

Name and Title:

LAURA Jaime VPD

Address

11098 Biscayne Blvd suite 302

Address:

11098 Biscayne Blvd suite 302

Miami FL 33161

Miami FL 33161

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: LAURA JAIMÉ
Address: 11098 Biscayne Blvd suite 302
Miami FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennired C. Collazos
Address: 11098 Biscayne Blvd suite 302
Miami FL 33161

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

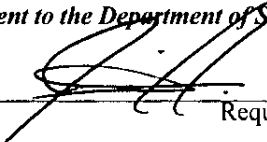


Required Signature/Registered Agent

08/13/13

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.



Required Signature/Incorporator

08/13/2013

Date