

**P13000085620**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

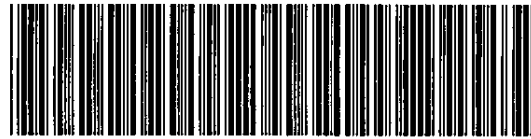
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*CORRECTED TITLE OF  
"OFFICER" TO READ "P"  
PER TELEPHONE CONVERSATIONS  
WITH PATRICKA BURK O'NEAL*

*10/21/13*

Office Use Only



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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

13 OCT 17 AM 10:51

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*10/21/13*

## COVER LETTER

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

SUBJECT: **ViP Events Group, 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: **Patricia Burke O'Neal**

Name (Printed or typed)

**2001 Hodges Blvd #603**

Address

**Jacksonville, FL 32224**

City, State & Zip

**904-955-6438**

Daytime Telephone number

**VicH@ViP-EventsGroup.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: ViP Events Group, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

2001 Hodges Blvd #603

Jacksonville, FL 32224

Mailing address, if different is:

11250 Old St St Augustine Rd

Suite 15 #182

Jacksonville, FL 32257

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: transact any and all lawful business for  
corporations may be organized under the laws of the State of Florida,  
and to have all powers that are afforded to corporations under the laws  
of the State of Florida.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Patricia Burke O'Neal,      P

Address

2001 Hodges Blvd

Apt 603

Jacksonville, FL 32224

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

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

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

Address

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

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

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

Address

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

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

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CLERK OF STATE  
TALLAHASSEE, FL 32310

(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: Patricia Burke O'Neal  
Address: 2001 Hodges Blvd #603  
Jacksonville, FL 32224

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia Burke O'Neal  
Address: 2001 Hodges Blvd #603  
Jacksonville, FL 32224

*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*

Patricia Burke O'Neal 10/15/13  
Required Signature/Registered Agent 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.*

Patricia Burke O'Neal 10/15/13  
Required Signature/Incorporator Date