

PAD000012160

2/7/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000031062 3)))



H140000310623ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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

FILED  
14 FEB -7 AM 7:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
14 FEB -7 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
PRESTIGE EVENTS PLANNING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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

**ARTICLE I NAME** PRESTIGE EVENTS PLANNING, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

2977 NW 24 STREET  
OFFICE # 2  
MIAMI, FL 33142

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** SHARES: 100  
The number of shares of stock is:

FILED  
14 FEB - 7 AM 7:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Name and Title: ZULMA BUSTAMANTE (P/D) Name and Title: \_\_\_\_\_  
Address: 2977 NW 24 STREET Address: \_\_\_\_\_  
OFFICE # 2  
MIAMI, FL 33172

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

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

(cont.)

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: ZULMA BUSTAMANTE  
 Address: 2977 NW 24 STREET  
MIAMI, FL 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ZULMA BUSTAMANTE  
 Address: 2977 NW 24 STREET  
MIAMI, FL 33142

FILED  
 14 FEB - 7 AM 7:20  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

*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*

Zulma Bustamante Jorgensen      02-05-2014  
 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.817.133, F.S.*

Zulma Bustamante Jorgensen      02-05-2014  
 Required Signature/Incorporator      Date