## P15000012608

(Requestor's Name)				
(Address)				
(Add	iress)			
(City	//State/Zip/Phone	<del>;</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

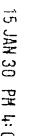
Office Use Only



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SECRETARY OF SCHE





## **COVER LETTER**

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

SUBJECT: CG	Events Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM: C	G Events Inc.			
Name (Printed or typed)				
1608 SW 143 Place				
M	iami, FL 33175	State & Zip		
78	36-200-4808	elephone number		
Sujtine Telephone named				

NOTE: Please provide the original and one copy of the articles.

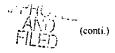
cristinamguerrero@gmail.com

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

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



RTICLE I NAME ename of the corporation shall be: CG Events	, Inc. 15 JAN 30 PH 4: 02
Principal street address	SECHELLION OF COMMENT
608 SW 143 Place	
fliami, FL <sup>.</sup> 33175	·
RTICLE III PURPOSE	<del></del>
vent planning and consulting	
RTICLE IV SHARES 100 e number of shares of stock is: 100 RTICLE V INITIAL OFFICERS AND/OR D	OIRECTORS
Name and Title: Cristina M. Guerre	
Owner/President	Address:
1608 SW 143 Plac	
Miami, FL 33175	
Name and Title:	
	Name and Title:
Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address	Address:
	Address:
	Address:
	Address:
	Address:  Name and Title:
Name and Title:	Address:  Name and Title:  Address:



15 JAN 30 PH 4:02

Name and	d Title:	Name and Title:	Compression .
Address		Address:	TALLAMASSEE, R. CRIDA
ARTICLE VI The name and Fl Name:	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o Ana M. Wendelken	of the registered agent i	s:
Address:	5805 Twin Lake Drive		
	Miami, FL 33143	···	
ARTICLE VII	INCORPORATOR	,	
The name and ad	dress of the Incorporator is:		
Name:	Cristina M. Guerrero	_	
Address:	1608 SW 143 Place	_	
	Miami, FL 33175	_	
I submit this doct	ned as registered agent to accept service of process am familiar with and accept the appointment as reg  Neguired Signature/Registered Agent ament and affirm that the facts stated herein are	gistered agent and agi	tee to act in this capacity $ \frac{1/25/15}{\text{Date}} $ It the false information submitted in a
document to the L	Department of State constitutes a third degree felom Required Signature/Incorporator	y as provided for in s.	817.155, F.S.  1/25/15 Date