

02/23/2009 09:46

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EXCLUSIVE DESIGNS & EVENTS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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RECEIVED
TALLAHASSEE, FLORIDA

15 APR 14 AM 11:59
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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4/15/15

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04-10-15

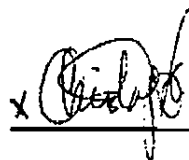
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Exclusive Designs & Events, Inc. of Doc # P13000087796 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

x 

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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ARTICLE I NAME: The name of the corporation is:Exclusive Designs & Events, Inc.SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE:**TAX ID:
46-3961358

The principal street address and mailing address is:

4305 NW 72nd Ave
Miami FL 33166**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**P: Christopher Rojas

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:


Christopher Rojas
4305 NW 72nd Ave
Miami FL 33166**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Christopher Rojas
4305 NW 72nd Ave
Miami FL 33166

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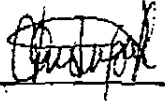
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Required Signatures:

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

x  _____ 4/10/15 _____
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.

x  _____ 4/10/15 _____
Incorporator Date

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