

P16000020795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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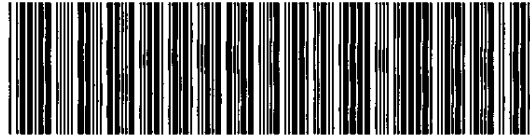
(Business Entity Name)

(Document Number)

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AND  
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16 FEB 26 AM 7:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1/14

## COVER LETTER

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

**SUBJECT:** Eventage 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Elizabeth Gomez  
\_\_\_\_\_  
Name (Printed or typed)  
  
8710 SW 158 Place  
\_\_\_\_\_  
Address  
  
Miami, FL 33193  
\_\_\_\_\_  
City, State & Zip  
  
305-773-8349  
\_\_\_\_\_  
Daytime Telephone number  
  
elizabeth@yourmiamiplanner.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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**ARTICLES OF INCORPORATION**

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

16 FEB 26 AM 7:25

**ARTICLE I NAME**

The name of the corporation shall be: Eventage Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8710 SW 158 Place

Miami, Fl 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Elizabeth Gomez President

Name and Title:

Address 8710 SW 158 Place

Address:

Miami, Fl 33193

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

APPROVAL  
AND  
FILED

16 FEB 26 AM 7:25

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Elizabeth Gomez

Address: 8710 SW 158 Place

Miami, FL 33193

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Elizabeth Gomez

Address: 8710 SW 158 Place

Miami, FL 33193

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/14/16. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/5/16

\_\_\_\_\_  
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

2/5/16

\_\_\_\_\_  
Date