

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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16 APR 27 PM 1:42  
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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
AGR EVENT PLANNER CORP**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

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**ARTICLE I**    **NAME:** The name of the corporation is:

# AGR Event Planner Corp

**ARTICLE II**    **PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 237 NW 12 Ave suite c

Miami FL 33128

M: 10370 SW 46th St Miami FL 33172

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Giselle Necuze (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Giselle Necuize

10320 SW 66th St

Miami FL 33173

Digitized by srujanika@gmail.com

**ARTICLE VI** **INCORPORATOR:** The name and address of the Incorporator is:

Giselle Necuze

10320 SW 64th St

Miami FL 33173

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LAZARUS

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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

*Miselle Nease*

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.

*Miselle Nease*

Incorporator

Date

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