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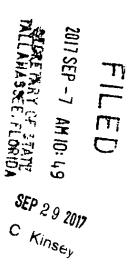
(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

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

SUBJECT: NAME	YOUR EVENT CENTER INC		
SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL.	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	ROL MILLER Nam	e (Printed or typed)	
400	8 BLUEFISH DR SE		
_		Address	
ST	PETERSBURG, FLORIDA 33705		·
	Cny	. State & Zip	
727	895-0014		
	Daytime *	Telephone number	
CUI	RLM0414		
	E-mail address: (to be use	ed for future annual report	notification)

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

ARTICLES OF INCORPORATION

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

	SCIPAL OFFICE Principal street address		ddress, if different is
	SE		
PETERSBURG, I			
TICLE III PUR e purpose for whic	POSE ANY AND the corporation is organized is:	ALL LEGAL BUSINESS I	PURPOSES
			70118
			ETALLY OF ST
	IRES 10,000		V0389 F215 10: +9
RTICLE IV SHE e number of shares RTICLE V INF	IRES 10,000 of stock is: TAL OFFICERS AND/OR DIRECTORS	·	7 अभूत : . +9
RTICLE IV SHE e number of shares RTICLE V INT Name and T	IRES of stock is: TIAL OFFICERS AND/OR DIRECTORS itle: CAROL MILLER - PRES	Name and Title	۷ او
RTICLE IV SHE e number of shares RTICLE V INF	of stock is: TAL OFFICERS AND/OR DIRECTORS	Name and Title Address:	₩ ₩ ₩ :
RTICLE IV SHE c number of shares RTICLE V INT Name and T Address	IRES 10,000 of stock is: FIAL OFFICERS AND/OR DIRECTORS itte: CAROL MILLER - PRES 4008 BLUEFISH DR SE	Name and Title Address:	80% FIE
RTICLE IV SHE c number of shares RTICLE V INT Name and T Address	ef stock is: FIAL OFFICERS AND/OR DIRECTORS ide: CAROL MILLER - PRES 4008 BLUEFISH DR SE ST PETERSBURG, FLORIDA 33705	Name and Title Address: Name and Title:	80% FIE
RTICLE IV SHE e number of shares RTICLE V INT Name and T Address	of stock is: FLAL OFFICERS AND/OR DIRECTORS	Name and Title Address: Name and Title: Address:	80% FIE
RTICLE IV SHE e number of shares RTICLE V INT Name and T Address Name and Ti Address	of stock is: TAL OFFICERS AND/OR DIRECTORS	Name and Title Address: Name and Title: Address:	80% XIZ

Name an	d Title:	Name and Title:
Address		Address:
. n.mict.C. IVI	REGISTERED AGENT	
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	CAROL MILLER	
	4008 BLUEFISH DR SE	
Address:	ST PETERSBURG, FLORIDA 33705	
		_
ADTICLE VII	INCORPORATOR	
		
The <u>name and a</u>	address of the Incorporator is: DARRELL SMITH	
Name:		
Address: 6916 N. 30TH ST TAMPA, FLORIDA 3361	6916 N. 30TH ST	_
	TAMPA, FLORIDA 33610	
ARTICLE VIII	EFFECTIVE DATE:	COTTONALA
Effective date,	if other than the date of filing:	not be more than five days prior or 90 days after the
filing.)		
Note: If the da	te inserted in this block does not meet the applicab	le statutory filing requirements, this date will not be listed a
the document's	effective date on the Department of State's records	s.
Uavina haan n	amed as registered agent to accept service of proce	ess for the above stated corporation at the place designated
this certificate.	I am familiar with and accept the appointment as t	registered agent and agree to act in this capacity
. 06	on iller	9-29-17
	Required Signature/Registered Agent	Date
I submit this d	ocument and affirm that the facts stated herein a	re true. I am aware that the false information submitted i
document to th	e Department of State constitutes a third degree fet	lony as provided for in s.817.155, F.S.
77	Sep & TO	9-29-17
1///	Cere Marian	Date

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