

PH060078477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only





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09/07/17--01017--030 **70.00

FILED
2017 SEP -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 29 2017
C Kinsey

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

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

 \$70.00	 \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

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)

ARTICLE I NAME

The name of the corporation shall be NAME YOUR EVENT CENTER INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

4008 BLUEFISH DR SE

ST PETERSBURG, FLORIDA 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS PURPOSES

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROL MILLER - PRES Name and Title: _____

Address: 4008 BLUEFISH DR SE Address: _____
ST PETERSBURG, FLORIDA 33705

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CAROL MILLER

Address: 4008 BLUEFISH DR SE

ST PETERSBURG, FLORIDA 33705

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARRELL SMITH

Address: 6916 N. 30TH ST

TAMPA, FLORIDA 33610

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Carol Miller
Required Signature/Registered Agent

9-29-17
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.

Darrell Smith
Required Signature/Incorporator

9-29-17
Date