P1800003651

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

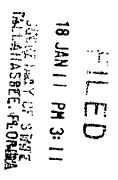
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Along with my cirticles of incorporation form, I am attaching this note to inform you that I, Yohannes Marsie-Hazen have no intention of reinstating this document # P16000070309.

I am also adding my EIN # to this note, because when I contacted the Florith Department of State, they showed no record of my EIN#. Please document this. EIN # is 81-3690362 and should be linked to the business associated with the articles of incorporation within.

Thank You,

r ()

Yohannes Marsie-Hazen

18 JAN II PR 3: II

COVER LETTER

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

SUBJECT: Firefly C			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:		e (Printed or typed)	
197 	0 CORPORATE SQUARE SUITE	Address	
LO	NGWOOD. FL 32750-3520	Address	
	City	, State & Zip	
407	-749-4747		
	Daytime 1	Telephone number	
Yol	nan@FireflyBooth.Com		
	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)

e name of the corpor	FIREFLY CREATIVE EVEN		
RTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailin	g address, if different is:
70 CORPORATE S			
JITE B			
ONGWOOD, FL 32	750-3520		
	POSE the corporation is organized is:	'G ATMOSPHERES THA	T FOSTER HUMAN
ONNECTIONS			
	, <u> </u>		
			- · · · · · · · · · · · · · · · · · · ·
RTICLE IV SHA			
e number of shares of			18 JAN
e number of shares of	of stock is: IAL OFFICERS AND/OR DIRECTORS Volumes Marsie-Hazen / President	 Name and Title:	18 JAN I I
e number of shares of RTICLE V INIT. Name and Tit	of stock is: IAL OFFICERS AND/OR DIRECTORS Volumes Marsie-Hazen / President		18 JAN I I PM
e number of shares of	of stock is: AL OFFICERS AND/OR DIRECTORS	Name and Title: Address:	\$ = = =
e number of shares of RTICLE V INIT. Name and Tit	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE		
e number of shares of RTICLE V INIT. Name and Tit Address	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address:	SEE SEE
e number of shares of RTICLE V INIT. Name and Tit Address Name and Tit	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address:	SEEE PA 3: 1
e number of shares of RTICLE V INIT. Name and Tit Address	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address:	SEEE PA 3: 1
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e number of shares of RTICLE V INIT. Name and Tit Address Name and Tit	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address: Name and Title: Address:	SEEF MONEY
RTICLE V INITAL Name and Tite Address Name and Tite Address	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address: Name and Title: Address:	II PM 3: II
RTICLE V INITAL Name and Tite Address Name and Tite Address	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address: Name and Title: Address: Name and Title:	SEEE PEOPLE
Name and Titl Address Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Yohannes Marsie-Hazen / President 1970 CORPORATE SQUARE SUITE B LONGWOOD, FL 32750-3520	Address: Name and Title: Name and Title: Name and Title:	II PM 3: II

Name ar Address		Name and Title: Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	YOHANNES MARSIE-HAZEN	
Address:	1970 CORPORATE SQUARE SUITE B	_
Address.	LONGWOOD, FL 32750-3520	_
	INCORPORATOR ddress of the Incorporator is: YOHANNES MARSIE HAZEN 1970 CORPORATE SQUARE SUITE B	18 JAN I I PA
	LONGWOOD, FL 32750-3520	
Effective date, if (If an effective of filing.) Note: If the date	date is listed, the date must be specific and cann	. (OPTIONAL) ot be more than five days prior or 90 days after the e statutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process am familiar with and accept the appointment as re Required Signature/Registered Agent	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
I submit this do		e true. I am aware that the false information submitted in a
document to the	Department of State constitutes a third degree felo	

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