

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 : FANJUL CPA, INC.  
Account Number : I20130000039  
Phone : (305)603-8791  
Fax Number : (877)503-6086

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE PLANETARY EVENT INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2019 JUL 26 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: THE PLANETARY EVENT INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address423 CAROLINE STREETKEY WEST, FL 33040

Mailing address, if different is:

423 CAROLINE STREETKEY WEST, FL 33040**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EVA E OLAH-P

Name and Title: \_\_\_\_\_

Address: CALLE CORRALES 134

Address: \_\_\_\_\_

COUNTRY CLUB COYOACANMEXICO CITY 04210

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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: EVA E OLAH  
Address: 423 CAROLINE STREET  
KEY WEST, FL 33040

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EVA E OLAH  
Address: 423 CAROLINE STREET  
KEY WEST, FL 33040

**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*

X *Eva Olah*  
Required Signature/Registered Agent

X 07/25/2019  
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.*

X *Eva Olah*  
Required Signature/Incorporator

X 07/25/2019  
Date