

**PI900069999**

Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (718)889-7420

**\*\*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  
EVENT DAY TEMPS INC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 SEP 12 AM 9:44

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2019 SEP 12 PM 1:07

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**EVENT DAY TEMPS INC  
The name of the corporation shall be: \_\_\_\_\_**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is: \_\_\_\_\_

13900 JOG ROAD - SUITES 203-284

13900 JOG ROAD - SUITES 203-284

ANN ARBOR, MI 48104

ANN ARBOR, MI 48104

**ARTICLE III PURPOSE**OFFICE TEMPS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**200  
The number of shares of stock is: \_\_\_\_\_**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**STEVEN FEDER - DIRECTOR  
Name and Title: \_\_\_\_\_

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

615 SOUTH MAIN ST - APT 104  
Address: \_\_\_\_\_

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

ANN ARBOR, MI 48104  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_2019 SEP 12 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: STANLEY T BYCK  
Address: 7285 MOROCCA LAKE DR.  
Delray Beach, FL 33446

**ARTICLE VII INCORPORATOR**

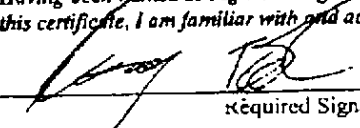
The name and address of the Incorporator is:

Name: STANLEY T BYCK  
Address: 7285 MOROCCA LAKE DR.  
Delray Beach, FL 33446

**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*

 _____	09/12/2019
Required Signature/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.*

 _____	09/12/2019
Required Signature/Incorporator	Date