P19000091145

(Requestor	s Name)		
(Address)	·····		
(Address)			
(City/State/	Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business E	Entity Name)		
(Document Number)			
Certified Copies C	ertificates of Status		
Special Instructions to Filing Officer			

Office Use Only



300337849653

12/10/19--01021--008 **8.75

12/10/19--01021--007 **70.00

19 DEC 10 PM 4: 08

213 EC 19 EF 1:13

N CULLIGAN DEC 1 1 2019

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

ED COPY	
in cort	
ОРУ	
	ARTICLES
VENTS, INC. ME AND DOCUME	
ME AND DOCUME	ΣΝΤ #)
ME AND DOCUME	INT#)
ME AND DOCUME	ENT #)
ME AND DOCUME	ENT #)
ME AND DOCUMEN	ENT #)

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

KIICLE I NAME	Elevate Events, Inc.		_
he name of the corpora	tion shall be: Elevate Events, Inc.		
RTICLE II PRING		Mailing s	ddress, if different is:
112 N 12th St. Apt	Principal <u>street</u> address 2006		
	. 2000		
Tampa, FL 33602			
		<u>-</u>	
RTICLE III PURP	OSE the corporation is organized is: Any a	and all lawful activity.	_
he purpose for which	ne corporation is organized is.		
_			
			
			
ARTICLE IV SHAR	<u>ES</u> 1 500		•
The number of shares of	stock is: 1,500	<u> </u>	
ARTICLE V DNITL	AL, OFFICERS AND/OR DIRECTORS	Σ	
Name and Title	c: Joe Dillon, DPST	Name and Title:	
140000 0000 1100			<u> </u>
Address	112 N 12th St. Apt 2006	Address:	
	Tampa, FL 33602		250 - 4
			<u> </u>
			
			SSS 10
Nows and Title	<u> </u>	Name and Title	:T1 -<
Name and Title		14anc and 11de	
Address		Address:	200 = -
			??₫ ⊙
			2011
		 ,	
Name and Title:	,	Name and Title:	
Address		Address:	
			<u> </u>

Name and	Title:	Name and Title:		
Address		Address:		
ARTICLE VI R	EGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Joe Dillon	_		
Address:	112 N 12th St. Apt 2006	_		
	Tampa, FL 33602	_		
	7.500000 (500			
ARTICLE VIL	NCORPORATOR			
The name and add	iress of the incorporator is:			
Name:	Amanda J. Beren	rue.		
Address:	31416 Agoura Rd., Suite 118	<u> </u>		
	Westlake Village, CA 91361			
ARTICLE VIII	EFFECTIVE DATE:			
Effective date, if o	ther than the date of filing:	(OPTIONAL)		
(If an effective da filing.)	te is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the		
		e statutory filing requirements, this date will not be listed as		
the document's effective date on the Department of State's records.				
Having been name	ed as registered agent to accept service of proces	s for the above stated corporation at the place designated in		
this certificals, I a	m familiar with and accept the appointment as re	gistered agent and agree to act in this capacity		
म भ		12/9/19		
- (2	Required Signature/Registered Agent	Date		
I submit this focument 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 2.817.155, F.S.				
ans	v .	12/9/2019		
Requin	ed Signature/Incorporator	Date		