

PO4 000128435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

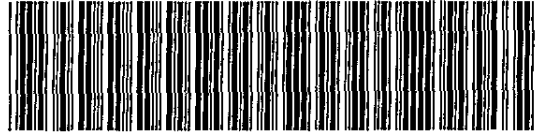
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/04--01036--001 **87.50

STATE OF ARIZONA
DEPARTMENT OF REVENUE
RECEIVED
SEP 10 PM 1:47

TS 9/10/04

TRANSMITTAL LETTER

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

SUBJECT: MEETING MANAGEMENT CORPORATION a/k/a MMC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: CLIFFORD KEVIN THURLKILL
Name (Printed or typed)

PO BOX 530981
Address

ST. PETERSBURG, FL 33747-0981
City, State & Zip

727-323-1307
Daytime Telephone number

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:

MEETING MANAGEMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**2523 44th STREET S.
ST. PETERSBURG, FL 33711**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANAGEMENT CONSULTING

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

**CLIFFORD KEVIN THURLKILL, PRESIDENT
PO BOX 530981
ST. PETERSBURG, FL 33747-0981**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**CLIFFORD KEVIN THURLKILL
2523 44th STREET S.
ST. PETERSBURG, FL 33711**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**CLIFFORD KEVIN THURLKILL
2523 44th STREET S,
ST. PETERSBURG, FL 33711**

06 SEP 10 PM 1:47
STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

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

Clifford Kevin Thurlkill
Signature/Registered Agent **CLIFFORD KEVIN THURLKILL**

9/8/04
Date

Clifford Kevin Thurlkill
Signature/Incorporator
CLIFFORD KEVIN THURLKILL

9/8/04
Date