TO: Qualification/Tax Lien Section

Division of Corporations

4 013101752324 -03/21/36--01032--012 *****70.00 *****70.00

SUBJECT: Party City Corporation (Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| Jeffrey Weinstein | <u>-</u> | |
|--------------------------------------------------------|----------|-------------------------------|
| (Name of Person) | | |
| Ross, Anglim, Angelini, Valla & Krawitz (Firm/Company) | 95 35 | ISIAIG |
| 775 Mountain Boulevard (Address) | | SKETARY SKETARY |
| Watchung, New Jersey 07060 (City/State/Zip) | | ED OF STATE DAPORATIONS |

Should you need to call someone concerning this matter, please call:

George Krawitz & Jeffrey Weinstein at (908)561-1600 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

| 1, | Party City Corporation (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATeD" words or abbreviations of like import in language as will clearly indicate that it is a corporation in natural person or partnership if not so contained in the name at present.) | ION" stead c | or of a |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|
| 2. | Delaware (State or country under the law of which it is incorporated) 3. 22-3033692 (FBI number, if applicable) | , | |
| 4. | 1/29/96 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease t | | |
| | 1/29/96 (Date of Incorporation) January 29, 1996 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F | • | - |
| о. | (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F | <u></u> | - <u>당기</u> |
| | Party City Corporation | <u> </u> | |
| | | သ မ | TESTA OF STA |
| | 400 Commons Way, Rockaway, New Jersey 07866 (Current mailing address) | 8 | |
| 9. | Franchising and retail sales of party supplies. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Fic. Name and street address of Florida registered agent: (P.O. Box or Mail Drop lacceptable) | | |
| | Name: CT Corporation System | | |
| | Office Address: 1200 South Pine Island Road | | |
| | Plantation , Florida , 33324 (Zip C | | |
| 10. | Registered agent's acceptance: (Zip Co | ode) | |
| Hav cor reg all and | ving been named as registered agent and to accept service of process for the poration at the place designated in this application, I hereby accept the a istered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of his duties, and I am accept the obligations of my position as registered agent. | : abo ppoin : prov : fami | ve stated tment as visions of iliar with |
| | Lan Maue Curaning ASST Secry (Registered agent's signature) | | |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

| | CTORS (Street address only- P. O . Box NOT acceptable) Steven Mondell | | |
|----------------------|--------------------------------------------------------------------------------------|---------|-------------|
| | l Theodore Prive | | |
| | Randolph, New Jersey 07869 | | |
| | man: | | |
| | | • | |
| | | <u></u> | |
| Director: _ | Perry Kaplan | 95 | SE SE |
| | 9 Sweetwood Drive | N.A.S | 5 K |
| | Randolph, New Jersey 07869 | 20 | - C 2 |
| | | 25 | 7 |
| | | ယ္ | AAT |
| _ | | 8 | Sign |
| B. OFFIC | ERS (Street address only- P. O. Box NOT acceptable) | | |
| President: | Steven Handell | | |
| | 1 Theodore Drive | | |
| | Randolph, New Jersey 07869 | | |
| | cnt: Perry Kaplan | | |
| | 9 Sweetwood Drive | | |
| | Randolph, New Jersey 07869 | | |
| Secretary: | | | |
| | | | |
| _ | | | |
| Treasurer: | | | |
| Address: _ | | | |
| | | | |
| NOTE: If a | necessary, you may attach an addendum to the application listing addit | ional | |
| 13. $\sqrt{\lambda}$ | nature of Chairman, Vice Chairman, or any officer listed in number 12 of the applica | | |
| | | | |

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARTY CITY CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



(By

Edward J. Freel, Secretary of State

AUTHENTICATION:

7867328

960075083

2579581 8300

DATE:

03-14-96