Address ALLIANCE R.I.B., INC. 111F S.W. 23RD STREET Office Use Only FORT LAUDERDALE, FL 33315 TEL (954) 462-9333 FAX (954) 462-9334 CORPORATION NAME(5) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time _ Walk in Certificate of Status Photocopy ☐ Will wait ☐ Mail out <u>AMENDMENTS</u> NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal Domestication Merger ☐ Other REGISTRATION/QUALIF OTHER FILINGS

☐ Foreign

Limited Partnership

Reinstatement Trademark Other

Examiner's Initials

1-27-00

Annual Report

☐ Fictitious Name

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Hudson Bay Inflatables, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

111-F Southwest 23 Street Fort Lauderdale, Florida 33315-2536

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

K. L. Cotherman 5102 Northwest 43 Avenue Coconut Creek, Florida 33073-2932

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Daniel Harvey 111-F Southwest 23 Street Fort Lauderdale, Florida 33315-2536

Signature/Incorporator

<u>01/14/200</u>0 Date

OO JAN 20 M 8: 54

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

MU WMMMAn Signature/Registered Agent VIVO Date

OO JAN 20 AM 8: 54
SECRETARY OF STATE
TALLAMASSEE FLORIDA