

PO1000024484

TRANSMITTAL LETTER

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

FILED
01 MAR -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: A Haunting Experience, Inc.
(Proposed corporate name - must include suffix)

400003798344--0
-03/05/01--01106--023
****131.25 *****87.50

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: George Colavecchio
Name (Printed or typed)
7631 Hollington Place
Address
Lake Worth, FL 33467
City, State & Zip
(561) 641-0400
Daytime Telephone number

I. Burch MAR 8 2001

NOTE: Please provide the original and one copy of the articles.

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:

A Haunting Experience, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7631 Hollington Place
Lake Worth, FL 33467

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

George Colavecchio
7631 Hollington Place
Lake Worth, FL 33467

ARTICLE V INCORPORATOR

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

George Colavecchio
7631 Hollington Place
Lake Worth, FL 33467




Signature/Incorporator
George Colavecchio

Jan. 29, 2001

Date

(An additional article must be added if an effective date is requested.)

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.



Signature/Registered Agent
George Colavecchio

Jan. 29, 2001

Date

FILED
01 MAR -5 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA