

# P010000043625

TRANSMITTAL LETTER

**FILED**

01 APR 30 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADepartment of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314**SUBJECT:**Extreme Party Rentals, Inc.(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004092124--5

-04/30/01--01114--002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status☐ \$78.75  
Filing Fee  
& Certified Copy☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status**ADDITIONAL COPY REQUIRED****FROM:**Judy Stone

Name (Printed or typed)

6441 Nightwind Cir.

Address

ORLANDO FL 32818

City, State &amp; Zip

(407) 376-5457

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:

Extreme Party Rentals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6441 Nightwind Cir.  
ORLANDO FL 32818ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

party rental services

ARTICLE IV SHARES

The number of shares of stock is: 100

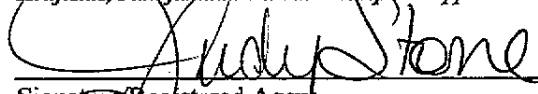
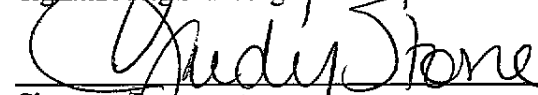
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Judy Stone, Pres.	Steve Mastin, Pres.
6441 Nightwind Cir.	2532 Dovetail DR
ORLANDO FL 32818	OCFEE FL 34761

ARTICLE VI REGISTERED AGENTThe name and Florida street address of the registered agent is:Judy Stone  
6441 Nightwind Cir.  
ORLANDO FL 32818ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Judy Stone  
6441 Nightwind Cir.  
ORLANDO FL 32818

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent4/26/01  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature/Incorporator4/26/01  
\_\_\_\_\_  
Date

FILED  
01 APR 30 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA