

Signature

Requested by:

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Name

Walk-In

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	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
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	Annual Report / Reinstatement
	Cert. Copy
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	Certificate of Good Standing \(\frac{\pi}{2}\)
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	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
·	Vehicle Search
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ARTICLES OF INCORPORATION

OF

CLAWNS ON-LINE INC.

O VIII SOLLO

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

ARTICLE I NAME

The name of the corporation shall be:

CLOWNS ON-LINE INC

ARTICLE II PRINCIPAL OFFICE

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

12555 BISCAYNE BOULEVARD #860 MIAMI 33181

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARK M. SIMON 12555 BISCAYNE BOULEVARD #860 MIAMI FL 33181

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

MARK M. SIMON 12555 BISCAYNE BOULEVARD #860 MIAMI FL 33181

The undersigned incorporator(s)	has (have) executed	these Article	es of	
Incorporation thisTWENTY-THI	RD day of	MAY	**************************************	
20 _01	x M.M. Suun Signature			_
	Signature	M. SIMON	<u>4</u> - 1.∦ - 1	- -
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	Signature	· · · · · · · · · · · · · · · · · · ·		

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:
CLOWNS ON-LINE INC.
2. The name and address of the registered agent and office is:
MARK M. SIMON
(NAME)
12555 BISCAYNE BOULEVARD #860
(P.O. BOX NOT ACCEPTABLE)
MIAMI FL 33181
(CITY/STATE/ZIP)

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_X	Mun S	Mine.
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