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11/07/03--01080--002 **87.50





TRANSMITTAL LETTER

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

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THE \leq SUBJECT: _ OSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certifie		 \$78.75 Filing Fee & Certified Copy ADDITIONAL CO 	Status PY REQUIRED	
FROM: <u>MB DEOM</u>	Name (P	rinted or typed) # STREET Idress		• • • • •
M1 	7) 905-5903	A <u>33147</u> tate & Zip B ephone number		

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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:

THE SISTERS PARTY RENTAL INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3298 NW 9157 STREET

MIAMI FL 33147

ARTICLE III PURPOSE The purpose for which the corporation is organized is:

PARTY RENTALS

ARTICLE IV SHARES The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): JOHNSON DEON

ARTICLE VI **REGISTERED AGENT**

The name and Florida street address of the registered agent is:

DEON 2298 NW 914 STEE MIAMI FL 23141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEON JOHNSON 2298 NW 91451 MIAMI FL 33147

***** *******

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/Incorporator 'Registered Agent

Date

6003