

**P0500002522C**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

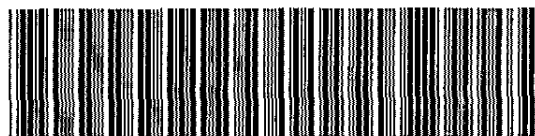
(Document Number)

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05 FEB 17 PM 4:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

005A-11498

Requestor's Name \_\_\_\_\_

FROM: (PLEASE PRINT) **Frances Brown** PHONE **954 655-6168**

**1313 St. Lopez Cir #1512**

**Weston, FL 33326**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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05 FEB 17 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

*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: **SPOILED BRATS PARTY PLANNERS, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
**1313 ST TROPEZ CIRCLE #1512  
MIAMI, FLORIDA 33056**

### ARTICLE III SHARES

The total number of shares of stock that this corporation is authorized to have outstanding at any one time  
Are 200 shares of Common Stock, no par value?

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:  
**FRANCES BROWN  
1313 ST TROPEZ CIRCLE # 1512  
WESTON, FLORIDA, 33326**

**ARTICLE V INCORPORATOR(S)**

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

**FRANCES BROWN  
1313 ST TROPEZ CIRCLE #1512  
WESTON, FL 33326**

**PRESIDENT**

**PAULA WIGGAN-WILLIAMS  
10709 NORTH PRESERVE WAY #203  
MIRAMAR, FL 33025**

**VICE-PRESIDENT**

**PAULA WIGGAN-WILLIAMS  
10709 NORTH PRESERVE WAY #203  
MIRAMAR, FL 33025**

**SECRETARY**

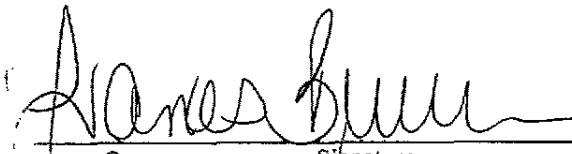
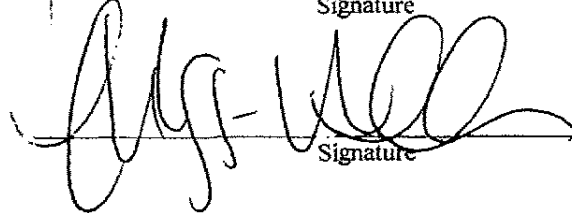
**FRANCES BROWN  
1313 ST TROPEZ CIRCLE # 1512  
WESTON, FL 33326**

**TREASURER**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

31st day of JANUARY, 2005.

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

-----  
  
Signature  
  
Signature  
\_\_\_\_\_  
Signature

**Notarization is not required**

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the Designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607051, 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: **SPOILED BRATS PARTY PLANNERS, INC.**

2. The name and address of the registered agent and office is:

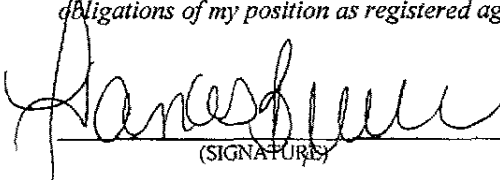
**FRANCES BROWN**  
(NAME)

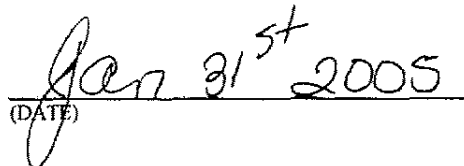
**1313 ST TROPEZ CIRCLE # 1512**  
(ADDRESS)

\_\_\_\_\_  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

**WESTON, FL 33326**  
(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)

  
(DATE)

**FILED**  
05 Feb 17 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA