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SECHETZE OF STATE
TALL ALLEGE FLORIDA

EFFECTIVE DATE 9/15/05

9/15/05 BUL

TRANSMITTAL LETTER

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

SUBJECT:	elebrations The	Party People	of Palatka, Inc.				
	(PROPOSED CORPORA)	IE NAMIO- <u>MUSI INCL</u>	UDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	№ 587.50 Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL CO					
FROM: Aaron S. Long Name (Printed or typed)							
		JENUE ddress					
	Palatka FL	32177 State & 7 in	•				

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

Daytime Telephone number

ARTICLES OF INCORPORATION

Of

Celebrations, the Party People of Palatka, Inc.

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

ARTICLE I	<i>NAME</i>			
The name of the corpora		Celebrations, the Party F	People of Palatka, In-	c.
	EFFECTIVE D. ffective Septem	ATE ber 1, 2005, or as soon ther	easter as filed.	9/15/05
		ing address of this corporat	tion shall be:	OS SEP
	PURPOSE iized for the pur	pose of conducting any law	ful business.	FILEI DAY OF
	<i>SHARES</i> stock this corpo	oration is authorized to have	e outstanding at any or	FLORING ISH
The name and Florida str	reet address of t	TERED AGENT AND STR. the initial registered agent and rd, St. Augustine, Florida,	re:	D'''
	INCORPORATO s of the incorpor	<u>ORS</u> rators to these Articles of In	acorporation are:	
•	312 Crill Avenu Aaron S Long	Palatka, Florida 32177 e, Palatka, Florida 32177	$\frac{Q}{\sqrt{1}}$	de 05
Signature of Incorporator, 2312 Crill Avenue, Palat			911 <u>C</u>	<u>5</u>

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 of Registered Agent, Aaron S Lo

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