

Box 13 P06000016893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800064965358

02/01/06--01041--023 **87.50

FILED
06 FEB -1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Hullabaloo Party Planners, Inc.,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Noreen Moncrieffe
Name (Printed or typed)

17942 Southwest 33rd Street
Address

Miramar, Florida 33029
City, State & Zip

954-854-7505
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:

Hullabaloo Party Planners, Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 821291
South Florida, FL 33082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To plan social and private gatherings

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Noreen Moncrieffe
17942 SW 33rd Street
Miramar FL 33029

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Noreen Moncrieffe
17942 SW 33rd Street
Miramar Florida 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Noreen Moncrieffe
17942 SW 33rd Street
Miramar Florida 33029

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

Noreen Moncrieffe
Signature/Registered Agent

Noreen Moncrieffe
Signature/Incorporator

2/10/06
Date

2/10/06
Date

FILED
06 FEB - 1 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA