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SECRETARY OF STATE
SECRETARY OF STATE
ORIDA

9 11/11/06

COVER LETTER

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

06 NOV 13 FI 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:	Jump Zone Party Rental, Inc.	
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	

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

\$70.00 \$78.75 Filing Fee & Certificate o		S87.50 Filing Fee, Copy Certified Copy & Certificate of Status SAL COPY REQUIRED
FROM: Al Porter	Name (Printed or typed)	•
814 Kaywoo	d Dr.	
Orlando, FL	32825 City, State & Zip	
(407) 227-77	46/ (407) 381-0858 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:

Jump Zone Party Rental, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

814 Kaywood Dr. Orlando, Fl 32825 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Party rentals

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robin Porter (Director)

ARTICLE VI REGISTERED AGENT

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

Registered Agent: Al Porter

814 Kaywood Dr. Orlando, Fl 32825

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Incorporator: Al Porter Address: 814 Kaywood Dr.

Orlando, Fl 32825

******************	**********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered	
ae Porter	10-28-06
Signature/Registered Agent	Date
al Porter	10-28-06
Signature/Incorporator	Date