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(Re	equestor's Name)	
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SECRETARY OF STATE ALLAHASSEE, FI ORID.

COVER LETTER

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

SUBJECT: All Around Party, Inc.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:	
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: Avi Reif			
Name	(Printed or typed)		
7215 NW 19th Ct.			
Pembroke Pines, FL. 33024			
City, State & Zip			
954-237-3797 Daytime T	elephone 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:

All Around Party, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7215 NW 19th Ct.

Pembroke Pines, FL. 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Party Rental

ARTICLE IV SHARES

The number of shares of stock is:

200 Shares N.P.V.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Avi Reif

7215 NW 19th Ct.

Pembroke Pines, FL. 33024

ARTICLE VI REGISTERED AGENT

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

Avi Reif

7215 NW 19th Ct.

Pembroke Pines, FL. 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Avi Reif

7215 NW 19th Ct.

Pembroke Pines, FL, 33024

Fembloke Fines, FL. 33024	
**********	************
Having been named as registered agent to accept service of process for certificate, I am fumiliar with and accept the appointment as registered	or the above stated corporation at the place designated in this agent and agree to act in this capacity
_ Ani Kal	10/18/07
Agnature/Registered Agent	Date
An Lot	10/18/07
Signature/Incorporator	Date

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