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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

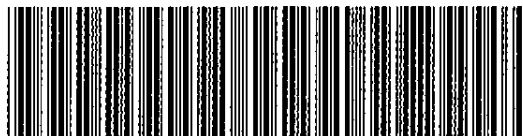
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2009 JUL 13 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUL 14 2009

## COVER LETTER

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

SUBJECT: Inspirational Balloons, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Jerline Galloway  
Name (Printed or typed)

P.O. Box 356  
Address

Interlachen, FL 32148  
City, State & Zip

386-684-0205  
Daytime Telephone number

j.gal57wow@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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: *Inspirational Balloons, Inc*

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*1146 S.R. 20, Interlachen, FL 32148*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Limited-Service Wholesaler*

## ARTICLE IV SHARES

The number of shares of stock is: *1,000 Shares of Common Capital stock with no par value.*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Jerline Galloway, P.O. Box 356, Interlachen, FL 32148-0356- CEO*  
*Joe Galloway, P.O. Box 356, Interlachen, FL 32148-0356- Director*

## ARTICLE VI REGISTERED AGENT

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

*Jerline Galloway*  
*1146 S.R. 20*  
*Interlachen, FL 32148*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Jerline Galloway*  
*1146 S.R. 20*  
*Interlachen, FL 32148*

\*\*\*\*\*  
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

*Jerline Galloway*  
\_\_\_\_\_  
Signature/Registered Agent  
*Jerline Galloway*  
\_\_\_\_\_  
Signature/Incorporator

*7/9/09*  
\_\_\_\_\_  
Date  
*7/9/09*  
\_\_\_\_\_  
Date

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