

2nd FAX**P 10000089669**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:Division of Corporations
Fax Number : (850) 617-6381**From:**Account Name : EXPRESS CORPORATE FILING SERVICE INC
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ENTERTAINMENT PARTY ON, INC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

P. 001

2010 OCT 28 AM 11:08
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RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE**Please Honor Date**J. Shivers
NOV 10 2010

10/28/2010

NOV-02-2012 FRI 09:44 PM

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ENTERTAINMENT PARTY ON, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

858 SW Jaslo Avenue
Port St Lucie, FL 34953

Mailing address, if different is:

Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL ACTIVITIES

ARTICLE IV SHARES
The number of shares of stock is: One thousand shares - One Dollar par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>INGRID HERRING - PRESIDENT</u>	Name and Title: _____
Address: <u>858 SW Jaslo Avenue</u>	Address: _____
<u>Port St Lucie, FL 34953</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: INGRID HERRING
Address: 858 SW Jaslo Avenue
Port St Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: INGRID HERRING
Address: 858 SW Jaslo Avenue
Port St Lucie, FL 34953

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

Required Signature/Registered Agent

10/22/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10/22/10

NOV-02-2012 FRI 09:44 PM