## P10000096737

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,				
(Document Number)				
(Dodalie it italias)				
Codification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: College Rehab Party Inc.						
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
			7			
\$70.00 \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,				
& Certificate of Status	& Certified Copy	Certified Copy				
		& Certificate o				
	ADDITIONAL C	Status  OPY REQUIRED				
	ADDITIONAL C	OF 1 REQUIRED				
FROM: Matthew McCutcheon						
Name (Printed or typed)						
220 Gull Drive South		E A		in to a		
220 Gull Drive South  Address  Address				maren 1		
		NY NY	24	*112		
Daytona Beach, FL 321	19	\$ 11g-	3 (			
City,	State & Zip	31	a	ALLEY OF		
386-527-2855		Đợi P	2			
Daytime Telephone number						
collogorobabaarty@gmoil.com						
collegerehabparty@gmail.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	VAME oration shall be:	:			
ARTICLE II F	PRINCIPAL OFFICE Principal street address	Mai	Mailing address, if different is:		
· 22	0 Gull Dr. S				
<u>Da</u>	ytona Beach, FL 32119				
			<u> </u>		
The purpose for whi Any and all law	ch the corporation is organized is:		·		
The number of shares	HARES of stock is:100  NITIAL OFFICERS AND/OR DIRECTORS Matthew McCutcheon - President 220 Gull Dr S Daytona Beach, FL 32119	Name and Title:			
Name and Title	·	Name and Title:			
Address:		Address:			
Name and Title Address:					
ADTICI E III D	EGISTERED AGENT		·		
	la street address (P.O. Box NOT acceptable) of	the registered agent is	. I I		
Name:	Matthew McCutcheon				
Address:	220 Gull Dr.S				
	Daytona Beach, FL 32119	•	OV AS		
	·		S S		
	<u>VCORPORATOR</u>		The state of the s		
	ss of the Incorporator is:		יין סי		
Name:	Matthew McCutcheon				
Address:	220-Gull Dr S				
	Daytona Beach, FL 32119		<b>夏科 2</b>		
	as registered agent to accept service of process amiliar with and accept the appointment as regis				
The sa	- W / / /		11/02/10		
-11 coules	w / Watthe Koon	<del></del>	11/20/10		
	Required Signature/Registered Agent		Date		
	ent and affirm that the facts stated herein are t urtment of State constitutes a third degree felony				
No.			11/20112		
1/10/10	Mattelano		11/23/10		
	Required Signature/Incorporator		Date		