

P1100001725

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
party fiesta rental corp.

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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11 FEB -2 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 2/3/11

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COVER LETTER

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

SUBJECT: PARTY FIESTA RENTAL CORP.
(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 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

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

FROM: MARIA C MAGARINO
Name (Printed or typed)

2200 SW 9TH AVENUE
Address

MIAMI FL 33129
City, State & Zip

305-244-7855(LLAMAR ANTES DE VENIR)
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

FILED

11 FEB -2 AM 10:57

ARTICLE I NAME PARTY FIESTA RENTAL CORP.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
ANA AGUILA HERNANDEZ
464 BEACON BLVD
MIAMI FL 33135

MAILING ADDRESS, IF DIFFERENT IS:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA AGUILA HERNANDEZ	Name and Title: _____
Address: PRESIDENT-VICE-PRESIDENT AND TRASURER	Address: _____
464 BEACON BLVD	_____
MIAMI FL 33135	_____
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:

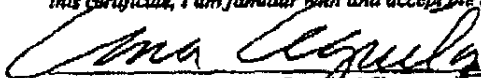
Name: ANA AGUILA HERNANDEZ
Address: 464 BEACON BLVD
MIAMI FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA AGUILA HERNANDEZ
Address: 464 BEACON BLVD
MIAMI FL 33135

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

1/31/11

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

1/31/11

Date

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