

P11000055261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

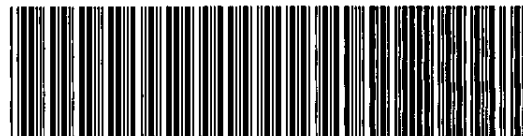
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

COMPLETED ARTICLE I
PER CONVERSATION
WITH E. SMITH 06/14/11

Office Use Only



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06/10/11--01009--008 **87.50

FILED
11 JUN 19 AM 10:03
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K 06/14/11

COVER LETTER

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

SUBJECT: _____

Party Smith, 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 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: _____

EMILY C SMITH

Name (Printed or typed)

1793 CINNAMON CIRCLE

Address

CASSELBERRY, FL 32707

City, State & Zip

407-310-9259

Daytime Telephone number

emismith@918@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: PartySmith, Inc.
(PROPOSED CORPORATE NAME)

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1793 Cinnamon Circle
Casselberry, FL 32707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EVENT PLANNING

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMILY C SMITH, PRESIDENT
Address: 1793 CINNAMON CIRCLE
CASSELBERRY, FL 32707

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: EMILY C SMITH
Address: 1793 CINNAMON CIRCLE
CASSELBERRY, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EMILY C SMITH
Address: 1793 CINNAMON CIR
CASSELBERRY, FL 32707

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

Emily C. Smith
Required Signature/Registered Agent

6/7/11
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.

Emily C. Smith
Required Signature/Incorporator

6/7/11
Date