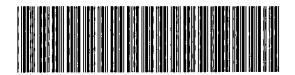
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAI	L				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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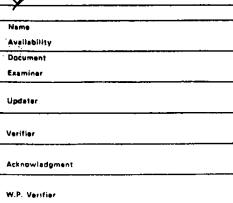
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GMi, FC 33130 (305)350-9110F

CORPORATION(S) NAME

11A

) Call When Ready Walk in	(() Will Walt) Call If Problem	(X) Pick Up	() After 4:30 () Mail Out
() Certified Copy	() Photo Copies		() Certificate Under Seal
) Limited Partnership) Reinstatement	() Annual Report) Reservation		() Other () Change of Registered Agent
) Foreign) Dissolution		() Mark
- · · · · · · · · · · · · · · · · · · ·	······································			
Profit) NonProfit) Amendment		() Merger
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	110	Fours 1	Party	Rentals, INC.



CR2E031 (R8-85)



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

ARTICLE I The name of the co	NAME rporation shall be: ALL FOURS PARTY	acioni d' W/P	,		
•	PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
- -	721 SW 14871, AVE., APT 310 SUNRISE, FL 33325				
ARTICLE III	DIIDDOSE				
	hich the corporation is organized is: SERVI	ĈĒ	SECRETAR SECRETAR SALLAHAS		
ARTICLE IV	shares \		E 200		
The number of shar			ORA CO		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	rs	5 H		
Name and Ti Address:	tle: TRACEY LEWIS, VICE PRESIDENT 625 NW 15743 AVE. POMBROKE PINCS, FL 93028	Name and Title: Address:	MYRNA JOHN, VICE PRISIDENT 256 VISTA VEROI PD: DAVIE, FL 33325		
Name and Ti Address:	tle: NICOLETTE CHANDLER, VICE PRI 2510 VISTA VERDI ED: DAVIE, FL 33325	Address:			
Name and Tit Address:	tle: ALLCIA EMIAMORE, PRESIDENT 721 32 H9.44 AVE., APT. 310 SUNRISE, EL 333.75	Name and Title: Address:			
RTICLE VI he <u>name and Flor</u> Name: Address:	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) GEAD ALGY AS IQ WEST ELSGE MIAMIRES 3313	of the registered agent			
	INCORPORATOR				
he <u>name and add</u> Name: Address:	ress of the Incorporator is: ALICIA GMAMDEE 721 S.W 1481n AVE., APT. 310 SUNRISE, FU 33325	·			
	d as registered agent to accept service of proce familiar with and accept the appointment as re				
	Required Signature/Registered Agent	·	5/2/2) Date		
submit this docur ocument to the De	nent and affirm that the facts stated herein ar partment of State constitutes a third degree felo	e true. I am aware t ny as provided for in	that the false information submitted in a s.817.155, F.S.		
	O dec		8(4)()		