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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: _____

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12 FEB 13 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
A 2ND CHANCE PARTY RENTAL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

12 FEB 13 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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#12000038991

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

FILED

12 FEB 13 AM 9:35

ARTICLE I NAME A 2ND CHANCE PARTY RENTAL, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
18309 SW 152 AVE
MIAMI, FL 33187

Mailing address, if different is: SECRETARY OF STATE
STATE OF FLORIDA
SAME

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

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT - GILBERT B. VELILLA Name and Title: _____
Address: 18309 SW 152 AVE Address: _____
MIAMI, FL 33187

Name and Title: VICE PRESIDENT Name and Title: _____
Address: WILLIAM A CORIVANO Address: _____
18309 SW 152 AVE
MIAMI, FL 33187

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: GILBERT B. VELILLA
Address: 18309 SW 152 AVE
MIAMI, FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GILBERT B. VELILLA
Address: 18309 SW 152 AVE
MIAMI, FL 33187

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

Gilbert B. Velilla
Required Signature/Registered Agent
02/13/2012
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.

Gilbert B. Velilla
Required Signature/Incorporator
02/13/2012
Date

#12000038991