# 213000003716

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(Re	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(1)	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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J. SHIVERS JAM 1 1 2019

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Libby's Bounce House Parties, Inc.	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
•	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 01/10/12	UCC 1 or 3 File
01/10/13	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	

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	· · · · · · · · · · · · · · · · · · ·			
			Art o	f Inc. File
			LTD	Partnership File
			Forei	gn Corp. File
			L.C.	File
			Fictit	ious Name File
			Trade	e/Service Mark
			Merg	er File
			Art. c	of Amend. File
			RA R	Resignation
			Disso	olution / Withdrawal
			Annı	ual Report / Reinstatement
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			Сепі	ficate of Status
			Certi	ficate of Fictitious Name
			Corp	Record Search
			Offic	er Search
			Ficti	tious Search
Signature	<del></del>		Ficti	tious Owner Search
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Requested by: SETH	01/10/12		ucc	C 1 or 3 File
Name	$-\frac{01/10/13}{Data}$	Time	ucc	C 11 Search
ivaille	Date	Time	ucc	II Retrieval
Walk-In	Will Pick Up		Cour	rier

### **COVER LETTER**

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

SUBJECT: LIDDY	Y'S BOUNCE HOU  (PROPOSED CORPORA	SE PARIES, INC TENAME- <u>MUSTINCL</u>			
Enclosed are an origin	nal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED		
FROM: Pa	atrick B. Libby	o (Printed or typed)		ير تو	
Name (Printed or typed) 4387 East Kevin Road				IAN 10	דונונו
Avon Park, Florida 33825			E. FLORIDA 	3 JAN 10 AN 8:58	Ë
(86	63) 257-4400	, State & Zip  Telephone number			٠.,

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

plibby83@yahoo.com

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

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

	TATION Shall be: Libby's Bounce H					
RTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:			
387 East Kevin Road			•			
von Park, Florida 33825				-		
	RPOSE the corporation is organized is:					
onduct of ar	ny business or legal activity	authorized	d under the	laws of	the	
	a, including providing party su			<del></del>		
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				FASS	<del>vi</del>	
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RTICLE IV SH	ARES 100			HASSEE F	<u> </u>	
RTICLE IV SH e number of shares o	ARES 100			HASSEE FLOR	10 AH 8:	
	ARES of stock is: 100 ITIAL OFFICERS AND/OR DIRECTOR	<u></u>		HASSEE FLORIDA	<u> </u>	
	TIAL OFFICERS AND/OR DIRECTOR			HASSEE FLORIDA	10 AH 8:	
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR le: Patrick B. Libby, Pres. & Director	Name and Title:		HASSEE FLORIDA	10 AH 8:	
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR			HASSEE FLORIDA	10 AH 8:	
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR le: Patrick B. Libby, Pres. & Director	Name and Title:		HASSEE FLORIDA	10 AH 8:	
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR le: Patrick B. Libby, Pres. & Director	Name and Title:		HASSEE FLORIDA	10 AH 8:	
Name and Tit Address	Patrick B. Libby, Pres. & Director	Name and Title:			10 AH 8: 58	
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR le: Patrick B. Libby, Pres. & Director	Name and Title:			10 AH 8: 58	
Name and Tit Address	Patrick B. Libby, Pres. & Director	Name and Title: Address:  Name and Title:			10 AH 8: 58	
Name and Tit Address	Patrick B. Libby, Pres. & Director  e: Patrick B. Libby, Sec-Treas.	Name and Title: Address:  Name and Title:			10 AH 8: 58	
Name and Tit Address	Patrick B. Libby, Pres. & Director  e: Patrick B. Libby, Sec-Treas.	Name and Title: Address:  Name and Title:			10 AH 8: 58	
Name and Tit Address	Patrick B. Libby, Pres. & Director  e: Patrick B. Libby, Sec-Treas.	Name and Title: Address:  Name and Title:			10 AH 8: 58	
Name and Tit Address Name and Titl Address	Patrick B. Libby, Sec-Treas.	Name and Title: Address:  Name and Title: Address:			10 AH 8: 58	
Name and Tit Address Name and Titl Address	Patrick B. Libby, Pres. & Director  e: Patrick B. Libby, Sec-Treas.	Name and Title: Address:  Name and Title: Address:			19 AH 8: 58	

Name and	d Title:	Name and Title:	
Address		Address:	
		_	
ARTICLE VI	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Patrick B. Libby	of the registered agent is.	
Address:	4387 East Kevin Road		
•	Avon Park, Fl 33825		
ARTICLE VII	INCORPORATOR	13 JAN 10 AM SECHETARY OF FAIL AHASSEE F	
The <u>name and ac</u>	ddress of the Incorporator is:	454	П
Name:	Patrick B. Libby	SSE O A	
Address:	4387 East Kevin Road	H.ORIC F. STATI	
	Avon Park, Fl 33825	TIDA S8	
	med as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity	I
	Alter hall	Jan.9, 2013	
Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein a Department of State constitutes a shire degree fel	re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.	t
	MAN WALL	Jan. 9, 2013	
	Required Signature/Incorporator	Date	