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10/30/13

COVER LETTER

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

SUBJECT: Sho	w Rental USA C	orp	
***************************************	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 o Status PPY REQUIRED
FROM: A	nibal A Malave	e (Printed or typed)	
14	155 Martinique C	t, Unit # 6508	3
W	eston, FL 33326	Address	
		State & Zip	
<u>(9</u>	54) 505-9289	elephone number	- Albert

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

showrentalusa@gmail.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)

### Mailing address, if different is: 1455 Martinique Ct, Unit # 6508 Weston, FL 33326 #### PURPOSE The purpose for which the corporation is organized is: ###################################	ARTICLE I NAI The name of the corpora	ME stion shall be: Show Rental USA	Corp	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES 100	Principal office Principal street address 1455 Martinique Ct, Unit # 6508			ldress, if different is:
ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title: Name and Title: Address Name and Title: Name an	· · · · · · · · · · · · · · · · · · ·	Putchase Sales and h	ental equipment for all kinds of events (musica	i shows and others) Artists managing and Productions
The number of shares of stock is:	ARTICLE IV SHA	ARES 100		CRET OCT
Address Weston, FL 33326 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title:	The number of shares of ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR: Anihal A Malaye (Presidente)		PM 3: 3 Y OF STATE EE, FLORIG
Address: Name and Title: Name and Title:		1455 Martinique Ct, Unit # 6508	Address:	
			Address:	

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	. REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of Anibal A Malave	The registered agent is:	
Address:	1455 Martinique Ct, Unit # 6508	T 29	CONTRACT.
	Weston, FL 33326	9 PM	F The state of the
ARTICLE VII	INCORPORATOR	3: 35 STATE FLORID	Parties .
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Anibal A Malave	· -	
Address:	1455 Martinique Ct, Unit # 6508	_	
	Weston, FL 33326	-	
Having been nam this certificate, I a	ned as registered agent to accept service of process om familiar with and accept the appointment as rep	for the above stated corporation at the place designification in the place designification of the control of th	nated in
ANÎBA	L. A. MALAVÉ	10/24/2013	
	Required Signature/Registered Agont	Date	
I submit this document to the L	ument and affirm that the facts stated herein of t Department of State constitutes a third degree from	true. I am Iware that the false information submity as provided for in s.817.155, F.S.	itted in a
ANIRAL	A MALAVÉ	10/24/201	3
7131070	Required Signature/Incorporator	Date	