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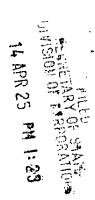
(Requestor's Name)			
(Ac	dress)		
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(Cit	ty/State/Zip/Phone	» #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
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COVER LETTER

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

BJECT:	onster Jump	5 INC	The OHERIV
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	JDE SOFFIX)
losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
Filing Fee Filir	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL COPY REQUIRE	

FROM: Heather Harder
Name (Printed or typed)
8342 Starr dr. Address
ORlando Fl. 32818 City, State & Zip
407-235-0647 Daytime Telephone number
4072350647 hh@ 9 mail Com E-mail address: (to be used for future annual report notification)

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

COVER LETTER

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

SUBJECT: MONSTER JUMOS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the art			
\$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 PPY REQUIRED	
	leather Harper			
_	242 Starr d Rlando Fl 32 City,	Address		
<u> 4</u>	107-235-0647 Daytime T	elephone number		

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

HOD2350647 hhe g mail Com E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

An compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) (15.10H OF \$10.000 A) (10.400) NAME 14 APR 25 INC The name of the corporation shall be: ZGMLX PRINCIPAL OFFICE Principal street address Mailing address, if different is: Starr de ARTICLE III PURPOSE The purpose for which the corporation is organized is:

Bounce house - Party Events ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Address Address: DRIANDO F1. 32818 Name and Title: Name and Title: Address Address: Name and Title:____ Name and Title: Address _____ Address:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT ad	•
Name: Heather Harp	
Address: 834a Starr dr	2
Orlando Fl. 3281	8
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Heather Harp	er
Address: 8342 Starrd	le
DRIando Fl. 3	<u> </u>
Having been named as registered agent to accept service this certificate, I am familiar with and accept the appoint	e of process for the above stated corporation at the place designated in tment as registered agent and agree to act in this capacity
House Hanse Required Signature/Registered	4-20-14
Required Signature/Registered	A Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a third of	herein are true. I am aware that the false information submitted in a degree felony as provided for in s.817.155, F.S.
Heather Hays	M-20-14
required Signature/medipol	ato: Date