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SECRETARY OF STATE  
DEPARTMENT OF REVENUE

FEB 02 2016

T SCHROEDER

**COVER LETTER**

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

**SUBJECT:** PARTY CENTER OF TALLAHASSEE INC  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** FRANK RONG CPA  
Name (Printed or typed)

3116 CAPITAL CIRCLE NE STE 3  
Address

TALLAHASSEE, FL 32308  
City, State & Zip

850-668-4925  
Daytime Telephone number

INFO@VERYGOODCPA.COM  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: PARTY CENTER OF TALLAHASSEE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1630 Old Bainbridge Rd, Ste D

Tallahassee, FL 32303

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Do all lawful and legal business.

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CLERK OF THE STATE  
TALLAHASSEE FL 32303

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ELTON SANTANA CEO Name and Title: \_\_\_\_\_

Address: 1450 VALLEY GREEN DR Address: \_\_\_\_\_

TALLAHASSEE, FL 32303 \_\_\_\_\_

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 acceptable) of the registered agent is:

Name: FRANK RONG CPA  
 Address: 3116 CAPITAL CIRCLE NE STE 3  
TALLAHASSEE, FL 32308

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: ELTON SANTANA  
 Address: 1450 VALLEY GREEN DR  
TALLAHASSEE, FL 32303

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/2/2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 Required Signature/Registered Agent

2/2/2016  
 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.*

  
 Required Signature/Incorporator

2/2/16  
 Date