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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

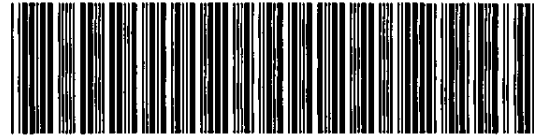
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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11/22/16

## COVER LETTER

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

SUBJECT: A Party On The Go!  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

FROM: Barbara Anfero  
Name (Printed or typed)

15290 S.W. 106 Lane, Apt. 324  
Address

Miami, Florida 33196  
City, State & Zip

(305) 741-9042  
Daytime Telephone number

apartyonthe go@yahoo.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: A Party on the go!, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15290 SW 106 Lane, Apt 324  
Miami, FL. 33196

P.O. Box 65-1226  
Miami, FL. 33265

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for all purposes allowed by the  
law including rental of costume characters for  
parties as well as rental of party accessories.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Barbara Arfano, President Name and Title: \_\_\_\_\_

Address 15290 SW 106 Lane, Apt 324 Address: \_\_\_\_\_  
Miami, FL. 33196

Name and Title: Ricardo Castano, Secretary Name and Title: \_\_\_\_\_

Address 15290 SW 106 Lane, Apt 324 Address: \_\_\_\_\_  
Miami, FL. 33196

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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2018 NOV 18 PM 2:15

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: Barbara Alfaro  
Address: 15290 SW 106 Lane, Apt 324  
Miami, Florida 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara Alfaro  
Address: 15290 SW 106 Lane, Apt 324  
Miami, Florida 33196

REC'D  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (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*

Barbara Alfaro 11/10/16  
Required Signature/Registered Agent 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.*

Barbara Alfaro 11/10/16  
Required Signature/Incorporator Date