P1700608707

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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October 23rd, 2017 Florida Department of State Division of Corporations Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

I, Francine Guerra-Powers am the owner and President of We're Having A Party, Inc. located at 8465 SW 141 St, Palmetto Bay, Florida 33158. The Federal ID# for the business is 59-274-1734.

I have dissolved the above-mentioned corporation, and I am granting Ms. Joy-Anne Humprey and Mr. Mickelle Wray permission to assume the name "We're Having A Party" for the business which they own with immediate effect.

Should you have any questions, please feel free to contact me at 786-252-4806. Thank you very much for your co-operation in this matter.

Yours Very Sincerely,

Francine Guerra-Powers

President

We're Having A Party, Inc.

State of Florida County of Miami-Dade The foregoing instrume

The foregoing instrument was acknowing this 23 day of October

Ocala

Notary Signature

Personally Known OR Produced Identification Type of Identification Produced Survey License

GABRIEL COLON
MY COMMISSION #FF911687
EXPIRES: AUG 23, 2019
Bonded through 1st State Insurance

COVER LETTER

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

			,
SUBJECT: We	re Having A	t Party II	UC
	(PROPOSED COMPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	d a check for:
-	,		
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
		ADDITIONAL CC	T REQUIRED
FROM:	Joy-Ann Hu	mohreu	
I KOM	Name	(Printed or typed)	
. 1	0.01		
11	331 SW 230	Terrace	
	/	Address	
ı	1 1	33170	
	<u>liami</u> Fl	State & Zip	
	•	•	
	186-660-9	619	
	186-650-9 Daytime T	elephone number	
	Joyannhum phre	yahoo.c	om
	E-mail address: (to be used	i-ror future annual report i	nourication)

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)

The name of the corporation sh	all be: Ne 're	having	a Party	Inc	· · · · · ·
ARTICLE II PRINCIPAL)	Mailin	g address, if differ	ent is:
11331 SW 23 Miami Fl 33	o Terrace				
ARTICLE III PURPOSE The purpose for which the core	١ .	This wi	ill be o	<u>cateri</u>	<u>ng</u>
					17 007
	FICERS AND/OR DIREC	<u> </u>		ASCAL FLOMEN	27 PH 4: 24
Address 113	y-Ann Humphrey 531 Sw 230 ami Fl 331	Tetrace Add			
Address 1/3	ckelle Wray 1 31 5W 230 ami Fl 331	Terrace Add			l.

Name and	1 Title:	Name and Title:	<u> </u>
Address		Address:	
	REGISTERED AGENT prida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Joy-Ann Humphre		
Address:	11331 SW 230 TA	J	_,
radi Cio.	Miami Fl 33170	<u></u>	17 OCT
			07.2
RTICLE VII	INCORPORATOR		
he <u>name and ad</u>	dress of the Incorporator is:		14 A
Name:	Joy-Ann Humph	rey	4: 21 1.08
Address:	11331 SW 230'		
	Hiami F1 33170)	
		 	
	EFFECTIVE DATE:	/Anma	
f an effective da	other than the date of filing:ate is listed, the date must be specific and	. (OPTIONA cannot be more than five days	AL) s prior or 90 days after the
ling.)			
	inserted in this block does not meet the applective date on the Department of State's re		ents, this date will not be listed a
c document 5 cr	rective date on the Expandient of State \$ 10	cords.	
	ed as registered agent to accept service of perfection of the service of the serv		
11			1 1
- Th	Required Signature/Registered Age		10 25 17
	ment and affirm that the facts stated here		e false information submitted i
ocument to the D	epartment of State constitutes a third degre	e felony as provided for in s.817	2.155, F.S.
Mus	noches-		10/25/17
	ed Signature/Incorporator		