

P95000030502

TRANSMITTAL LETTER

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

6014 SW 8th St.  
Miami, FL 33144

RECEIVED  
MAR 14 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: HALLOWEEN SUPPLIES INC.  
(Proposed corporate name - must include suffix)

2nd Alternative: HALLOWEEN INC.

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

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25

Filing Fee,  
Certified Copy  
& Certificate  
000001457101  
-04/14/95-01087-014  
\*\*\*\$70.00 \*\*\*\$70.00

FROM:

Alexander Leon

Name (printed or typed)

6014 SW 8th Street  
(6014 SW 8th St)

Address

33144

Miami, FL

City, State & Zip

265-0300

305-

Daytime Telephone number

4/19/95  
JP

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

SECRET  
TALLAHASSEE  
SEP 11 1964  
STATE OF FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

*HALLOWEEN SUPPLIES INC.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*6017 S.W. 8th ST. (6017 SW 8th ST)  
MIAMI, FL 33144*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *10*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*6017 SW 8th Street.  
MIAMI, FL 33144 (6017 S.W. 8th ST)*

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alexander Leon 6017 SW 8<sup>th</sup> Street  
Miami FL 33144

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of April, 1995.

Alexander Leon  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Articles of Incorporation  
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: HALLOWEEN SUPPLIES

INC.

2. The name and address of the registered agent and office is:

Alexander Leon  
(Name)  
6017 SW 8th Street (6017 SW 8th St)  
(P.O. Box not acceptable)  
Miami, FL 33144  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alexander Leon  
(Signature)

04-04-95  
(Date)