P9500055337

# TRANSMITTAL LETTER

95 JUL 18 PH 2: 45
TALLAHA SEE FLORIOS

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

100001532001 -07/07/95--01035--001 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:		Make It Fun	Inc.		
	(Pro		name - must include su	iffix)	
Enclosed is an	original	and one (1) co	opy of the articles o	f incorporation	and a check
for:					ו
\$70	).00	\$78.75	× \$122.50	\$131.25	
Filing f	Fee	Filing Fee	Filing Fee	Filing Fee,	1
		& Certificate	& Certified Copy	Certified Copy & Certificate	
			Additional Copy		
				,,	
			· · · · · · · · · · · · · · · · · · ·		•
1	FROM:	Pamela D.	Cox. c/o A Packag	ing Store	
		Name	(printed or typed)		
		1155_S. Dal	e Mabry Hwy., #2		
			Address		
		Tampa, FL	33629		
		Cit	y, State & Zip	<del>"</del>	
		813-254-0860			
		Daytime	Telephone number	<del></del>	
				NUSIO	
				130°	
		_	- 1 .		

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 12, 1995

PAMELA D. COX 1155 S. DALE MABRY HWY., #2 TAMPA, FL 33629

SUBJECT: MAKE IT FUN, INC. Ref. Number: W95000014056

We have received your document for MAKE IT FUN, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Letter Number: 695A00033550

AMANDA HERRING Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314





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.

#### ARTICLE I NAME

The name of the corporation shall be:

Make It Fun, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1155 S. Dale Mabry Hwy., #2 Tampa, FL 33629

#### ARTICLE III SHARES

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

Five hundred (500)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

L. James Buchanan, III c/o A Packaging Store 1155 S. Dale Mabry Hwy., #2 Tampa, FL 33629

# ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

L. James Buchanan, III 5345 Harborside Dr. Tampa, FL 33629

Pamela D. Cox 5345 Harborside Dr. Tampa, FL 33629

The und	lersigned inc	orporator(s) has(ha	ve) executed these Articles of Incorporation th
5th	_ day of	July	, 19 <u></u> 95
	9	· Jamo	Buchanin
		Jamela L	Signature - UX
			Signature
			Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

		SECURE ST	15 JUL 18	T. P. T.
1. The name of the corporation is:	Make It Fun. Inc.	i i	-3:	ĭ
·		رن الله الله الله الله الله الله الله	ر.ب د	_ ("
2. The name and address of the rep	gistered agent and office is:		ورت ا	•
L. J:	ames Buchanan, III			
	(NAME)			
	A Packaging Store, 1155 S. Dale Malry Hwy. Box or Mail Drop Box NOT ACCEPTABLE)	, #2		
Tampa	G, FL 33629 (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.

19. 9.5 (SIGNATURE) (DATE)