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

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

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

ADDITIONAL COPY REQUIRED

LOXAHATCHEE, FL, 33470
City, State & Zip

561 - 153 - 8120 Daytime Telephone number

AL APR 3 - 19971

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

ARTICLES OF INCORPORATION

FILED

97 APR -3 PH 3: 45

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:

PLANET HALloween INC.

ARTICLE II PRINCIPAL OFFICE

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

1650 ARABIAN DR LOXAHATCHEE, FL 33470

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

1650 ARABIAN DR LOXAHATCHEE FZ 33410

Ken DALSGAARD

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):

DIEGO VELAZQUEZ

22194 SW 62ct

BOCA RATION FL 33428

Ken DalsgAARD

1650 ARABIAN DR

LOXAHATCHEE FL 33470

SUE DATSGRARD SUSANNE DALSGRARD 9695 W. LAKE CT. BOCA RATON FL 33434

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

29 day of MARCH , 19 97

(An additional article must be added if an effective date is requested.)

Signature

Signature

Notarization is not required

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

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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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.

1. The name of the corpor	ration is PLANET HALLOWEEN INC	
2. The name and address	of the registered agent and office is:	
	KEN DALSGAD 2D (NAME)	
_/	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)	
_4	LOXA HATCHEE FL 33470 (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.

(SIGNATURE)

TIRE)

(DATE)