## P97000050571

June 4, 199**7** 

FILED SECRETARY OF STATE DVISION OF CORPORATIONS

97 JUN-6 AM 11:36

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

3:00:002:2043.23--3 -06/06/97--01081--001 +\*\*\*122.50 \*\*\*\*\*122.50

Re: Party Ponies, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Barbara Wolf

Party Ponies, Inc. 8801 Sparkleberry Lane Zephyrhills, FL 33541

(813) 782-7779

W-9-97

## ARTICLES OF INCORPORATION

of

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SECT.	748Y 11 €	10	SIATE

PARTY PONIES INC.

97 JUN-6 AH 11:36

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE 1 - 0	CORPORATE NAME	
The name of the corporation is:  PARTY PON	ies inc.	
ARTICLE	E II - DURATION	
This corporation shall exist perpetually unless dissolve	d according to Florida law.	
ARTICL	E III - PURPOSE	
The corporation is organized for the purpose of engaginated States and the State of Florida.	ng in any activities or busine	ss permitted under the laws of the
ARTICLE I	V - CAPITAL STOCK	
The corporation is authorized to issueshare	res of common stock, par val	lue \$ per share.
ARTICLE V - INIT. The street address of the initial principal office and, if STREET ADDRESS	TIAL PRINCIPAL OFFICE different, the mailing addres	s is:
8801 SPARKLEBERRY LANE		
CITY ZEPHYRHILLS	FLORIDA	ZIP 33541
Mailing address, if different		
STREET ADDRESS SAME AS ABOVE		
CITY	FLORIDA	ZIP
ARTICLE VI - INITIAL RE	EGISTERED OFFICE ANI	DAGENT
The street address of the initial registered office a	and the name of the initial	registered agent at the office is
NAME BARBARA WOLF		
ADDRESS BBOI SPARKLEBERRY L	ANE	

ZEPHYRHILLS

CITY

**FLORIDA** 

ZIP 3354/

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

		have ed from tir	ne to time by	the By-Laws,	) direct	ors initially. The nu	imber of di e (1). The i	rectors may be names and
NAME B	ARBARA	WOLF	•					
ADDRESS	<i>8</i> 801 S	PARKLE	BERRY	LANE			· • • • • • • • • • • • • • • • • • • •	
CITY 2	ZEPHYRHI	ILLS			STATE	FLORIDA	ZIP	33541
NAME		-		<u> </u>				
ADDRESS								-
CITY					STATE		ZIP	
NAME		·						
ADDRESS								
CITY					STATE		ZIP	
The names and	d addresses o	f the incor	**	CLE VIII - IN		ATORS  poration are as follo	ows:	
NAME	BARBAR	RA (	NOLF					· · · · · · · · · · · · · · · · · · ·
ADDRESS	8801	SPAR	LEBERR	( LANE				
CITY	ZEPHYR	HILLS			STATE	FLORIDA	ZIP	33541
NAME								·····
ADDRESS						***************************************		
CITY					STATE		ZIP	····-
NAME								
ADDRESS		·						
CITY					STATE		ZIP	
The undersi		orator(s)	nave execute		, 19 <u>97</u>	rporation this	O4 1/h	(Signature) (Signature)

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

FILED SECRETARY OF STATE ISIGH OF CORPORATIONS

97 JUN -6 AM II: 36

PARTY PON	VIES INC.
(name of	f corporation)
Pursuant to Florida Statutes Sections 48.091 as	and 607.0501, the following is submitted:
The above corporation, organized under the la	iws of the State of Florida with its registered office
as indicated in the Articles of Incorporation	
at 8801 SPARKLEBERRY LA	
ZEPHYRHILLS, FLORIDA	33541
has named BARBARA WOLF	
located at the aforesaid address, as its register	red agent to accept service of process within this
state.	
	o accept service of process for the above stated
corporation at the place designated in this cer	rtificate, I hereby accept the appointment as regis-
tered agent and agree to act in this capacity. I	I further agree to comply with the provisions of all
statutes relating to the proper and complete p	performance of my duties, and I am familiar with
and accept the obligations of my position as a	registered agent.
X Backara Wolf	04 JUNE 1997
(Signature)	(Date)