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FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FAX #:

(850) 922-4001

FROM: BUSINESS WORLD TRANSACTIONS, INC.

ACCT#:

104512000707

CONTACT: GEORGE G PICARDIE

PHONE: (305)867-8448

(305) 867-8200

NAME: SHALOM PARTY SUPPLY, INC.

AUDIT NUMBER...... H97000019300

DOC TYPE......FLORIDA PROFIT CORPORATION OR P.A.

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ARTICLES OF INCORPORATION

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

ARTICLE I

NAME

The name of the corporation shall be: SHALOM PARTY SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

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

28927 S. DIXIE HWY. #6 HOMESTEAD, FL. 33033

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated "COMMON SHARES."

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBA L. TORRES 28927 S. DIXIE HWY. #6 HOMESTEAD, FL. 33033

Prepared By: ALBA L. TORRES

28927 S. DIXIE HWY. #6 HOMESTEAD, FL. 33033 305 242 1005

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ARTICLE V INCORPORATOR(S)

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

ALBA L. TORRES 28927 S. DIXIE HWY. #6 HOMESTEAD, FL. 33033 **DIRECTOR & PRESIDENT**

The mideraigne	d incorporator(s)	nas(nave) executed thes	se Articles of Incorpo	oration this
18 day of _	NOV.	. 19 <u>97</u>	•	
	All	A Gala Signature	Sours	/
	-	Signature		n .
		Signature		

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

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: SHALOM PARTY SUPPLY, INC.
- 2. The name and address of the registered agent and office is:

ALBA L. TORRES 28927 S. DIXIE HWY. #6 HOMESTEAD, FL. 33033 97 NOV 24 AN IO: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

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)

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