ORATE FILING SERVICE, 400002818054--1 -03/25/99--01035--022 *****78.75 ******78.75 (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) 3. (Document #) (Corporation Name) (Document #) (Corporation Name) Pick up time 2.00 Certified Copy Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

•	of *	
**		
PARTY	FINAL TOUCHES, INC. (name of corporation)	
		Corneration Act. adopt(s)
The undersigned acting as the incorporate the following articles of incorporation for such	ors of a corporation under the Florida Business corporation:	Corporation Act, adopt(3)
	ARTICLE I - CORPORATE NAME	=1
The name of the corporation is:		99 MA SECRI
PARTY	FINAL TOUCHES, INC.	
This corporation shall exist perpetually u	ARTICLE II - DURATION unless dissolved according to Florida law.	25 PH 2: 17 PARY OF STATE ASSEE FLORIDA
	ARTICLE III - PURPOSE	
The corporation is organized for the purp United States and the State of Florida.	pose of engaging in any activities or business p	ermitted under the laws of the
The corporation is authorized to issue	ARTICLE IV - CAPITAL STOCK 500 shares of common stock, par value \$	per share.
AR7 The street address of the initial principal	TICLE V - INITIAL PRINCIPAL OFFICE office and, if different, the mailing address is:	
STREET ADDRESS 15931 N.W. 8	2rd hyd	
	314 HVC.	·
CITY	FLORIDA	ZIP 33016
Mailing address, if different		
STREET ADDRESS		
	FLORIDA	ZIP
CITY		~ F1 F7F
	- INITIAL REGISTERED OFFICE AND AC	
The street address of the initial regis	tered office and the name of the initial regi	stered agent at the office is:
NAME CAROL TORRES CA	RBALLO	,
ADDRESS 15931 N. W. 83r	d Ave.	
CITY Miami	FLORIDA	ZIP 33016
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

(name of corporation)
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at <u>15931 N.W. 83rd Ave.</u> <u>Miami - Fla.33016</u>
has namedCAROLTORRES_CARBALLO located at the aforesaid address, as its registered agent to accept service of process within this state. 99 MAR 25 PM 2: 17
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 regis-
tered 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.