

PI1000008909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

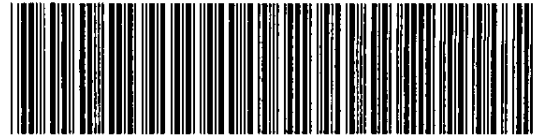
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/11--01026--002 **78.75

FILED
11 JAN 25 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 1/27/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LUCKY DRAW INTERNET CAFE INC.
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: BRENDA WALL
Name (Printed or typed)

411 WAUGHTOWN STREET
Address

WINSTON SALEM NC 27127
City, State & Zip

336-397-0283
Daytime Telephone number

LVSHARPE@AOL.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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11 JAN 25 AM 11:17

ARTICLE I NAME LUCKY DRAW INTERNET CAFE INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1929 KNOX MCRAE DR
TITUSVILLE FL 32780

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
INTERNET CONNECTION SERVICE

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISA SHARPE
Address: 1929 KNOX MCRAE DR
TITUSVILLE FL 32780
PRESIDENT

Name and Title: LARRY CIGLIANO
Address: 1961 LAKE DR
WINSTON SALEM NC 27127

Name and Title:
Address:
Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ERIC VAN CLEEF
Address: 527 TERRACEVIEW COVE #201
ALTAMONTE SPRINGS FL 32714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRENDA WALL
Address: 411 WAUGHTOWN STREET
WINSTON SALEM NC 27127

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature] Required Signature/Registered Agent
Date: 17 JAN 2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature] Required Signature/Incorporator
Date: 01/14/2011