

F18000002604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

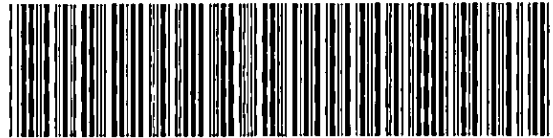
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/22/18--01013--018 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

W180000-49536

(P)  
P.A.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2018

GARY CUCCIA  
390 MALLARD DRIVE  
WESTON, FL 33327 US

SUBJECT: PLAYER FUND INC.  
Ref. Number: W18000049536

We have received your document for PLAYER FUND INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 818A00010838

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Player Fund Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary Cuccia

Name of Person

Player Fund Inc.

Firm/Company

390 Mallard Drive

Address

Weston, FL 33327

City/State and Zip code

gary@finopcfo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Cuccia

Name of Person

at ( 732 ) 713-9607

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|--|---|---|

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Player Fund Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 83-0717886

(FEI number, if applicable)

4. May, 14, 2018

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. Not applicable

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Not applicable

8 THE GREEN, STE A, DOVER DE 19901

(Principal office address)

390 Mallard Drive, Weston, FL, 33327

(Current mailing address, if different)

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TALLAHASSEE, FLORIDA

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

Florida 33607

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Bill Havre

Registered Agents Inc.

Bill Havre

- Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MOHAMMED MIAH

Address: 8 THE GREEN - STE A

DOVER, DE 19901

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MOHAMMED MIAH

Address: 8 THE GREEN - STE A

DOVER, DE 19901

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: MOHAMMED MIAH

Address: 8 THE GREEN - STE A

DOVER, DE 19901

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

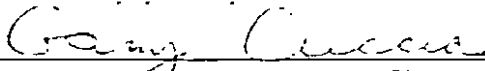
Secretary: MOHAMMED MIAH

Address: 8 THE GREEN - STE 8, DOVER, DE 19901

Treasurer: GARY CUCCIA

Address: 390 MALLARD DRIVE, WESTON FL 33327

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Gary Cuccia Treasurer

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PLAYER FUND INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PLAYER FUND INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6884590 8300

SR# 20183894033

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202711831

Date: 05-17-18