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SECRETARY OF STATE
ANA SSEE, FLORIDA

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C.S. 3-13

COVER LETTER

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

SUBJECT: CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original a	and one(1) copy of the Artic	eles of Incorporation and a	a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Lance Black Name (Pr	inted or typed)	-	

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

ARTICLES OF INCORPORATION OF CONNXIONS, INC. (NOT FOR PROFIT)

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ARTICLE I - NAME

The name of the corporations shall be ConnXions, Inc.

ARTICLE II—PRINCIPAL OFFICE

The principal office of the corporation shall be located at 405 S. D. le Maby, Tan pa, FL 33609

ARTICLE III - PURPOSE

The purpose of the corporation shall be to provid the youths of the greater Tampa Bay area with a variety of educational and networking opportunities that will inspire them to become positive agents of change in their communities; to perform other activities which are charitable, educational and not for profit, in accordance with the meaning of Section 501 (c)(3) of the Internal Revenue Code.

ARTICLE IV – DISTRIBUTION OF ASSETS UPON DISSOLUTION

Upon the dissolution of the corporation, any and all assets of the corporation shall be assigned to a not for profit organization, within the meaning of Section 501(c)(3) of the Internal Revenue Code, with an educational purpose.

ARTICLE V – MANNER OF ELECTION

The Board of Directors shall be elected or appointed by the Initial Facilities as described within the corporate bylaws. Officers shall be appointed by the Board of Directors.

ARTICLE VI - INITIAL DIRECTORS AND/OR OFFICERS

The following Initial Directors shall serve until such time as the regular Board is appointed.

Name Address Office in addition to that of Director

Bobby Hack

405 Dale Mabry, South

Smile \$257

Tanpa, FL 33609

President

Lance Black

ARTICLE VII - INITIAL REGISTERED AGENT

The Initial Register Agent shall be

Name

<u>Address</u>

Lance Black

405 S. Dale Makey Suite #257 Tagaft 3360 9



ARTICLE VIII - INCORPORATORS

The name and street address of the persons signing these Articles of Incorporation as the Incorporators:

<u>Article IX</u> AMENDMENTS

The Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Members is subject to this reservation.

IN WITNESS WHEREFORE, the undersigned Incorporator has executed the

Articles of Incorporation on this 27th day of February, 2008.

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

mce Black Bobby

President, 4Play Enterainment, LLC

Agent Incorporator

STATE OF FLORIDA COUNTY OF PINELLAS

COUNTY OF PINELLAS			
Before me personally appeared Robby How known to me to be the person described in and who execut Incorporation and he acknowledged to and before me that the purposes therein expressed. (Check One): Said persons are personally known to me. following type of identification Devoc's under Selection			
WITNESS my hand and official seal this 5th day of	of MARCH 2008.		
KIM BURCHINS MY COMMISSION & OD 346929 EXPIRES September 24, 2008 Bonded Thru Notary Public Underwriters	Notary Public (Signature) Printed Notary Name My Commission Expires: My Commission No.:		
STATE OF FLORIDA COUNTY OF PINELLAS			
Before me personally appeared Doby How who is known to me to be the person described in and who executed the foregoing Articles of Incorporation and he acknowledged to and before me that he executed said instrument for the purposes therein expressed. (Check One): Said persons are personally known to me. Said persons provided the following type of identification Downs Lichelle (2).			
WITNESS my hand and official seal this 4th day o	f MARCH, 2008.		
KIM BURCHINS MY COMMISSION # DD 346929 EXPIRES: September 24, 2008 Bonded Thru Notary Proxic Uncertwriters	Notary Public (Signature) Printed Notary Name My Commission Expires: My Commission No.:		

STATE OF FLORIDA COUNTY OF PINELLAS

Before me personally appeared ANG known to me to be the person described in and wh Incorporation and he acknowledged to and before the purposes therein expressed.	io executed the foregoing ratioles of
(Check One): Said persons are personally known to me. following type of identification	Said persons provided the
WITNESS my hand and official seal this	Notary Public (Signature)
-v/N COMMISSION # DD 346925 EXPIRES September 24, 2008 Bonded Firm Notary Public Underwriter	Printed Notary Name