N/4000 9580

(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
· (Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer			
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Office Use Only



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PALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: _	F	la Min	Go	Con	Inc.	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						

Enclosed is 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

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Cynthia E-Brodrick
Name (Printed or typed)

6721 Stonecreek St-

West Palm Beach FL 33413

56 (- 3/0 - 3730 Daytime Telephone number

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 617, F.S., (Not for Profit)

The name of the corporation shall be:
ARTICLE IF PRINCIPAL OFFICE
The name of the corporation shall be: ARTICLE IF PRINCIPAL OFFICE Principal street address: 672 Stone Creek St. Greenacres FL 33413
The purpose for which the corporation is organized is: Organize and host 3-4
one-day events for teaching, sharing and
playing table top board games and cord
games. We will be promoting social
entertainment.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
majority election anually in January.
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Cynthia Bradrick Name and Title: Backara Willett VP fun
(da) Cl . Ar Cl
Address 6/21 Stenecher Address: Chenacies Fl 38413
CHECKET C SONS
Name and Title: Em Silve, VP Name and Title: Randy Reitz CTO
- markatika
Address: Address:
- some edd
Sac Ballat Back
Name and Title: Secon boodrick bordname and Title: Kevin Barker Whip
Address: Address:
Som cold Sem De

•	Treasurer Treasurer	look Cili	rer, Brew Master
Name and Title:	Delly Willel, Name and Ti	itle: 00>1 3) [1	ver, brew waster
Address _	Address:		
			
Name and Title:	Name and T	itle:	
	Address:		
Address _	Address.		
-			
			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the r	registered agent is:	
	Cynthia & Brodrick		
Name:	7	_	
Address:	6721 Stone creek St		
	Greenacres FL 33413		
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:		
Name:	Lynthia E. brodrick		
Address:	6721 Stonecreek St.		
	Greenacres FL 33413		
Having been nam	ned as registered agent to accept service of process for	the above stated corporation	on at the place designated in this
ceraficate, Lam f	amillar with and accept the appointment as registered as	ent and agree to act in this (capacity
- U	IN E YWY!		10/8/14
_ /	Required Signature of Registered Agent		(/ Date
	iment and affirm that the facts stated herein are true. I d t of Stafe constitutes a third degree felony as provided fo		rmation submitted in a document
	1/h () () ()	•	10/8/14
	Required Signature of Incorporator		Date