

PO0000041548

Requestor's Name

**GILLEN**

FINANCIAL CONSULTING  
A Professional Accounting Service

2314 Holly Ridge Drive  
Ocoee, Florida 34761

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
00 APR 25 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000003223490--8  
-04/25/00--01064--023  
\*\*\*\*\*87.50 \*\*\*\*\*87.50



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 6, 2000

JOHN GILLEN  
GILLEN FINANCIAL CONSULTING  
2314 HILLY RIDGE DRIVE  
OCOE, FL 34761

SUBJECT: GILBERT GO-KARTS & GAMES, INC.  
Ref. Number: W00000009202

We have received your document for GILBERT GO-KARTS & GAMES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 487-6924.

Kimberly Rolfe  
Corporate Specialist Supervisor

Letter Number: 900A00018895

ARTICLES OF INCORPORATION  
OF  
Gilbert Go-Karts & Games, Inc.

FILED  
00 APR 25 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Gilbert Go-Karts & Games, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4030 Township Square Blvd.  
Suite 722  
Orlando, Florida 32837

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 (Ten Thousand) Share of Common Stock at \$1.00 per Share.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

John Gillen  
2314 Holly Ridge Dr  
Ocoee, Florida 34761

ARTICLE V INCORPORATOR

The name and street address of the Incorporator to these Articles of Incorporation is:

Ken Gilbert  
4030 Township Square Blvd.  
Suite 722  
Orlando, Florida 32837

The undersigned has executed these Articles of Incorporation this 22 day of MARCH 2000.



, Incorporator

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Gilbert Go-Karts & Games, Inc.

2. The name and address of the registered agent and office is:

John Gillen  
2314 Holly Ridge Dr  
Ocoee, Florida 34761

Signature: \_\_\_\_\_



Title: \_\_\_\_\_

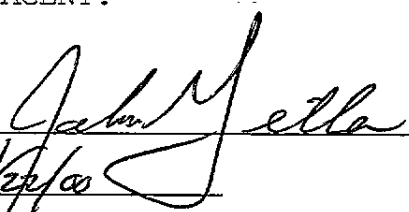
Incorporator

Date: \_\_\_\_\_

3/22/00

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 REGISTERED 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.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

3/22/00

FILED  
00 APR 25 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA