

TRANSMITTAL LETTER

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

SUBJECT: LET THE GOOD TIMES ROLL, 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: DAN L. BEAVER  
Name (Printed or typed)

10525 99<sup>th</sup> ST. N.  
Address

LARGO, FL 33773  
City, State & Zip

(727) 398-0809  
Daytime Telephone number

600004132676--4  
-05/03/01--01016--003  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FILED  
01 MAY -2 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MAY 07 2001

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

LET THE GOOD TIMES ROLL, INC.

### ARTICLE II PRINCIPAL OFFICE

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

708 KNOLLWOOD DR.  
LARGO, FL 33770

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7,500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

CHRISTIAN WILKIE  
708 KNOLLWOOD DR.  
LARGO, FL 33770

### ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

CHRISTIAN WILKIE  
708 KNOLLWOOD DR.  
LARGO, FL 33770

  
\_\_\_\_\_  
Signature/Incorporator

4-24-01  
\_\_\_\_\_  
Date

*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/Registered Agent

4-24-01  
\_\_\_\_\_  
Date

FILED  
01 MAY -2 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA