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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	TWIN RIVERS	· · · · · · · · · · · · · · · · · · ·		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status PY REQUIRED	
FROM:	C ARESTOPHER Name (Pri	M. DILLON nted or typed)		
	10710 De50TO	R OAD		s ,
	RIVERVIEW, FL	33569- 44 tate & Zip	05	m i singa sa wala
	8/3 - 6 ⁻ Daytime Tel	71 - 803/	· .	% V 1

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Twin Rivers Holdings, Inc.

FEIN 59-3761342

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ARTICLE II PRINCIPAL OFFICE

The principle place of business/mailing address is:

10710 Desoto Road Riverview, FL 33569-4405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

100 @ Zero Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Christopher M. Dillon

10710 Desoto Road

Riverview, FL 33569-4405

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Christopher M. Dillon

10710 Desoto Road

Riverview, FL 33569-4405

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Christopher M. Dillon

10710 Desoto Road

Riverview, FL 33569-4405

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

Signature/Registered Agent

ignature/Incorporator

2705001

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Date