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TRANSMITTAL LETTER

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

SUBJECT:	Bia O Amu	sements Tename- <u>mustincl</u>	LNC.
	(FROFOSED CORFORA	TE NAME - MOST INCL	ODE SCREEN
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Judy Otterby	Acher (Printed or typed)	
-	P.O.Box 58	Address	
	Astatula, FL.	34705 , State & Zip	
-	352-408-3	3664 Telephone number	

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 Big 'O" Amusements I 22 APP 25
The name of the corporation shall be:
7ALLANGUA - 1110:37
TOTAL SSEE CASTATE
ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE TO A BOY 58
The principal place of business/mailing address is: Astatula, Fl. 34705
ASTATULA ITI
ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To own operate, manage Amuseme,
Rides, Games & Food Concessions for public entertainment &
Consumption.
ARTICLE IV SHARES
The number of shares of stock is:
,-5
ADTICLE V INITIAL OFFICEDS/DIDECTODS (ontional)
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
The name(s), address(es) and dete(s).
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is: Judy Otterbacher
25542 MAdison St.
Astatula, Fl 34705
ARTICLE VII INCORPORATOR TILD Offer hacher
The <u>name and address</u> of the Incorporator is:
P.D. BOX D8
The name and address of the Incorporator is: D.D. Box 58 ASTATULA, Pl. 34705

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
certificate, I am juminum wan accept the appointment as registered agent and agree to det in and capacity
Quele Attribacher 4-23-03
Signature/Registered Agent Date
Judy Attubacher 4-23-03
Signature/Incorporator 4-23-53 Date