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# TRANSMITTAL LETTER

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

SUBJECT: Full	House Holdings, Inc.		
·	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (I) copy of the arti	cles of incorporation and	a check for:
□ \$70.00	<b>□</b> \$78.75	<b>□</b> \$78.75	<b>☑</b> \$87.50
Filing Fee	•	Filing Fee	Filing Fee,
1 11116 1 00	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PPY REQUIRED
FROM: T	imothy J. Graham		
110111.	Name (Printed or typed)		
	632 S. Ingram Ave.		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Lakeland, FL 33801		
	Ćity,	State & Zip	
	863-559-0695		
	Daytime T	elephone 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

The name of the corporation shall be:

Full House Holdings, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 632 S. Ingraham Ave. Lakeland, FL 33801

## ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

# ARTICLE IV

The number of shares of stock is:

1000

# INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Timothy J. Graham 632 S. Ingraham Ave. Lakeland, FL 33801

### ARTICLE VI REGISTERED AGENT

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

Timothy J. Graham 632 S. Ingraham Ave. Lakeland, FL 33801

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Timothy J. Graham 632 S. Ingraham Ave. Lakeland, FL 33801

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 7.2-03 httpre/Registered Agent Date 7,2.03 Date Signature/Incorporator