

PO4 0000 88150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

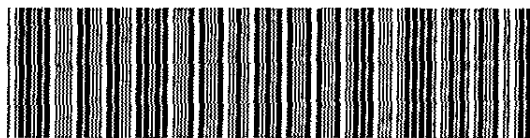
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN -4 PM 2:21

104-20535

## TRANSMITTAL LETTER

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

SUBJECT: Galaxy Games  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Galaxy Games  
Name (Printed or typed)

P.O. Box 61691  
Address

FORT MYERS, FLORIDA 33906  
City, State & Zip

(239) 878-8882  
Daytime Telephone number

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**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:

*GALAXY GAMES, INC.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*12377 SOUTH CLEVELAND AVE  
FORT MYERS, FLORIDA 33907*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*VIDEO ARCADE*

## ARTICLE IV SHARES

The number of shares of stock is:

*100,000.*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*MICHAEL MATTA - TREASURER  
NATASHA MATTA - PRESIDENT  
GARY CAROLLUZZI - SECRETARY  
ERINA CAROLLUZZI - VICEPRESIDENT*

## ARTICLE VI REGISTERED AGENT

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

*MICHAEL MATTA  
13850 WHITE GARDENIA WAY  
FORT MYERS, FL. 33912*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*NATASHA MATTA  
P.O. Box 61691  
FT. MYERS, FL. 33906*

\*\*\*\*\*

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

*Michael Matta*  
\_\_\_\_\_  
Signature/Registered Agent

*5/21/04*  
\_\_\_\_\_  
Date

*Nat Matta*  
\_\_\_\_\_  
Signature/Incorporator

*5/21/04*  
\_\_\_\_\_  
Date

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