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(Re	questor's Name)	<u></u>			
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	TRANSMIT	TAL LETTER			
Department of State Division of Corporati P. O. Box 6327 Tallahassee, FL 3231					
SUBJECT:	Aladdin Amusemen	t Corp.			
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)		
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :		
STO.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	2 \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	Patricia A. Al Name (Pr	brecht inted or typed)			
6251 Oak Bluff Way					
	Address Lake Worth, FL 33467				
City, State & Zip 561–969–1637					
Daytime Telephone number					

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

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ARTICLES OF INCORPORATION						
In compliance with Chapter 607 and/or Chapter 62	1, F.S. (Profit)		•			
ARTICLE I NAME						
The name of the corporation shall be: Aladdin A	musement Corp	•				
ARTICLE II PRINCIPAL OFFICE						
The principal place of business/mailing address is:	6251 Oak Blu	ff Way				
	Lake Worth,	ru 3340/				
ARTICLE III PURPOSE	1) Decenter					
The purpose for which the corporation is organized	is: Arcade.					
ARTICLE IV SHARES The number of shares of stock is: 50	r I					•
ARTICLE V INITIAL OFFICERS (DIREC	TORS (ontional)				
The name(s) and address(es):		<u> </u>		Mas	0	· 11 ⁻
President	Vice Preside				1.00	
Patricia A. Albrecht	Barbara A. G 6251 Oak Blu	reco ff Way		÷.	9U 10	
9039 Indian River Run South Boynton Beach, FL 33437	Lake Worth,	FL 33467	—	SP SP	9	
	•			ΥOF	q	TEC
				SECACIALLY OF STATE TALLAHASSEE, FLORIDA	:21	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registreet address of the	ered agent is:			ATE RID/	00	
Patricia A. Albrecht				1.		
6251 Oak Bluff Way						
Lake Worth, FL 33467						
ARTICLE VII INCORPORATOR						
The name and address of the Incorporator is:						
President	Vice Preside					
Patricia A. Albrecht	Barbara A. G 6251 Oak Blu					
9039 Indian River Run South Boynton Beach, FL 33437	Lake Worth,					
***************************************	*****	****	****	*****	*****	***
Having been named as registered agent to accept service of p				ace design	uated in	this
vertificate, I am familiar with and accept the appointment as i	registerea agent ana agr	ee to act in this ca	pacity			
ta alluscax		7/281	04			
Signature/Registered Agent	······································	Date			-	·
\mathcal{O}		Date	, ,			
to, Allerian N		7/~~	1rd			

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Tat. all CW Signature/Incorporator

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