

PO4 000139139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

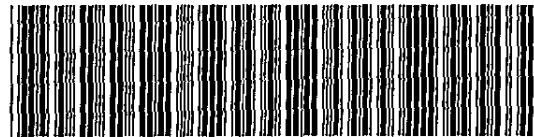
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: United Poker Players Association Inc.
(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: Robert Munch

Name (Printed or typed)

1720 Grange Circle

Address

Longwood, Fl. 32750

City, State & Zip

407-332-1588

Daytime 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

The name of the corporation shall be:

UNITED POKER PLAYERS ASSOCIATION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1720 GRANGE CIRCLE
LONGWOOD, FL. 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FORM PLAYER LEAGUES

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ROBERT MUNCH PRESIDENT
1720 GRANGE CIRCLE
LONGWOOD, FL. 32750

JONI MUNCH VICE PRESIDENT
1720 GRANGE CIRCLE
LONGWOOD, FL. 32750

MINDI MUNCH TREASURER
1720 GRANGE CIRCLE
LONGWOOD, FL. 32750

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

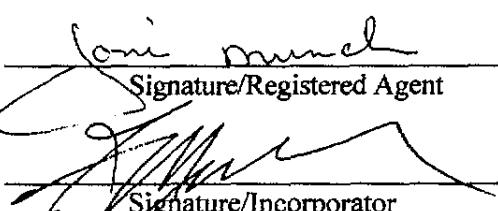
JONI MUNCH
1720 GRANGE CIRCLE
LONGWOOD, FL. 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

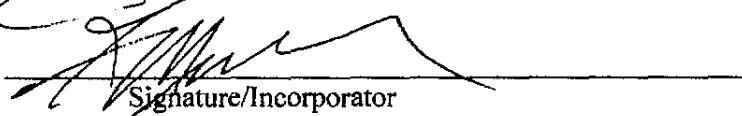
ROBERT MUNCH
1720 GRANGE CIRCLE
LONGWOOD, FL. 32750

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

9/22/2004

Date


Signature/Incorporator

9/22/2004

Date