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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

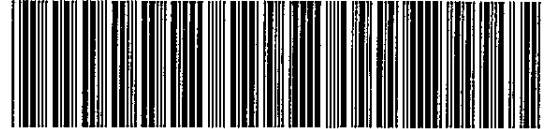
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC 20 PM 2:56

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TRANSMITTAL LETTER

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

SUBJECT: Lucky Stars Amusement Center, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tiffany Barta
Name (Printed or typed)

5754 Morgan Taylor Circle
Address

Louisville, OH 44641
City, State & Zip

330-452-2309
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:

Lucky Stars Amusement Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6378 SE Federal Hwy.
Stuart, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operate an adult arcade machine games and redemption center

ARTICLE IV SHARES

The number of shares of stock is:

5,000 shares authorized

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ernest Blood, President
2555 South Atlantic Beach Blvd. Unit #2006
Daytona Beach, FL 32118

Tiffany Barta, Treasurer and Secretary
5754 Morgan Taylor Circle, Louisville, OH 44641

ARTICLE VI REGISTERED AGENT

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

Ernest Blood
2555 South Atlantic Beach Blvd. Unit #2006
Daytona Beach, FL 32118

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tiffany Barta
5754 Morgan Taylor Circle
Louisville, OH 44641

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Ernest Blood
Signature/Registered Agent

12/13/04
Date

Tiffany Barta
Signature/Incorporator

12/13/04
Date