

PD5000/13861

(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:

Louis Calabrese GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Articles I, II + VII  
DATE 8/17/05  
DOC. EXAM MEB

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 AUG 15 AM 9:44

MRP  
8/17

## TRANSMITTAL LETTER

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

SUBJECT: CASINO TOURNAMENT ORGANIZERS  
(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: LOUIS CALABRESE  
Name (Printed or typed)

1000 E. ATLANTIC BLVD. SUITE 2065  
Address

POMPANNO BEACH, FL. 33060  
City, State & Zip

954 786 2767  
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:

CASINO TOURNAMENT ORGANIZERS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1000 E. ATLANTIC BLVD. SUITE 2065  
POMPANO BEACH, FL 33060

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ORGANIZE CASINO JUNKETS

## ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LOUIS CALABRESE PRES.  
209 N. FT. LAUDERDALE BCH BLVD. APT 5F  
FT. LAUDERDALE, FL. 33304

## ARTICLE VI REGISTERED AGENT

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

LOUIS CALABRESE  
209 N. FT. LAUDERDALE BCH BLVD. APT. 5F  
FT. LAUD. FL. 33304

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOUIS CALABRESE  
209 N. FT. LAUDERDALE BCH BLVD. APT. 5F  
FT. LAUD. FL. 33304

\*\*\*\*\*  
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

Date

Signature/Incorporator

Date

LOUIS CALABRESE

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
05 AUG 15 AM 9:44