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(Re	questor's Name)	
(Ad	dress)	
(A.I	dress)	
(Ad	aress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Suich (122) 7, 2005

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT:	T Corporation TE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic \$70.00 \$\frac{1}{2}\$\$ \$78.75 Filing Fee Filing Fee & Certificate of Status	les of incorporation and a checksfor: \$78.75 \$\sum \$87.50\$ Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: David White Name (Printed or typed) 6700 NW Broken Sound Parkway, Suite 203 Address Boca Ration Florida 33487 City, State & Zip 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)	JS DE
ARTICLE I NAME	FILED FILED PASSEE.T
The name of the corporation shall be:	P
LOTTO Soft Corporation	M 4: 23
ARTICLE II PRINCIPAL OFFICE	DA S
The principal place of business/mailing address is:	2 -
6200 NW Broken Sand Parkury Svite	203
6700 NW Broken Soud Parkway Svite Boca Katon Florida 33487 ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Developing Software	
ARTICLE IV SHARES The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
List name(s), address(es) and specific title(s):	
David Chite - 6700 NW Broken Land Parkw	44. Sime 203
David White - 6700 NW Broken Sand Parkw Bola Rajon, Florida 33487	7700116
Provident Contract V	
PRICENT, SECTETARY, Treasurer	
The name and Florida street address (P.O. Box NOT acceptable) of the registered	agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the registered David Chite - 6700 NW Broken Sand Boca Laton, Florida 3387	d Parkway, Julie 203
Bora Lajon Florida 33/87	•
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	PK W (5 203
The name and address of the Incorporator is: David White - 6700 NW Broken Sound	larkusy, with 200
Boca Karon Florida 33487	*******
Having been named as registered agent to accept service of process for the above stated corporation	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	s capacity
11. We	12/2/05
Signature/Registered Agent	Date
1/://	12/2/
Signature/Incorporator	1 < 1 < 101 Date

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