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(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(Document Number)		
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SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT: Play Pite Sy	stem In	<u> </u>		
SUBJECT: Play Pite System Include suffix)				
Enclosed are an original and one (1) copy of the artic	les of incorporation and a	ı check for:		
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED				
FROM: Chad R. Heary Name (Printed or typed)				
25120 Kimberly CT				
Funta Gorda Fl 33755 City, State & Zip				
Daytime Telephone number				
Chad Plays to be used for future annual report notification)				
•				

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)	FIL
ARTICLE I NAME  The name of the corporation shall be:  Play Rite System Inc.  ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  25120 Kimberly of  Parta Gooda FL 33955  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	ZOID MAY 24 P 1: 16 TALLAHASSEE. FLORIDA
ARTICLE IV SHARES The number of shares of stock is: /OO	
List name(s), address(es) and specific title(s):  Challe Henry Dunce	<u>RS</u>
Panta Goda FL 339/6  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Chad R. Honey 25120 Kimberly CT Panta Garda FL. 33955  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Chad & Hanzy	
25100 Kimberly ct Punta Landa FL. 33955 **********************************	*********
Having been named as registered agent to accept service of proceed place designated in this certificate, I am familiar with and accept agree to act in this capacity	
Clark Han	5-19-10
Signature/Registered Agent	Date

Signature/Incorporator

5-11-10

Date