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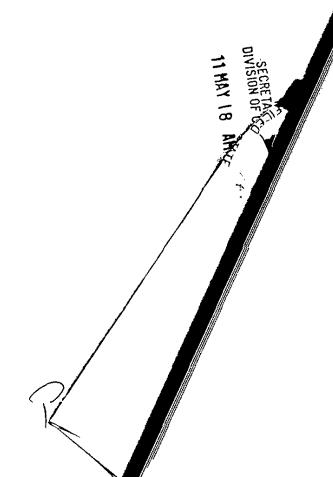
(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

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

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED				
FROM: Wayne A. Gunn Name (Printed or typed)				
· · · · · · · · · · · · · · · · · · ·				
225 Ocean Breeze St., Apt. 13 Address				
Lake Worth, FL 33460 City, State & Zip				
City, State & Zip				
561-248-3980 Daytime Telephone number				
iongunn@bellsouth.net E-mail address: (to be used for future annual report notification)				
E-mail address: (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)

ARTICLE I The name of the corp	VAME Double Dice, Inc.		
•	PRINCIPAL OFFICE		
<u>Ap</u>	Principal <u>street</u> address <u>5 Ocean Breeze St.</u> <u>t. 13</u> ke Worth, FL 33460	Mailing a	address, if different is:
	URPOSE the corporation is organized is: E-Commerce activities		
ARTICLE IV S The number of share	s of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECT e:Wayne A. Gunn/ President		
Address:	225 Ocean Breeze St.	Address:	
	Apt. 13		
	Lake Worth, FL 33460		
Name and Titl	e:	Name and Title:	
Address:		Address:	
			T OFF
			
Name and Titl	e:	Name and Title:	18 FR
Address:		Address:	
			TK PF
			<u> </u>
ARTICLE VI	REGISTERED AGENT		58 58
	da street address (P.O. Box NOT acceptable	e) of the registered agent is:	Ś
Name:	Wayne A. Gunn	···	
Address:	225 Ocean Breeze St., Apt. 13		
	Lake Worth, FL 33460		
ARTICLE VII I	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Wayne A. Gunn		
Address:	225 Ocean Breeze St., Apt. 13 Lake Worth, FL 33460		
Having been named this certificate, I am	as registered agent to accept service of pro- familiar with and accept the appointment as	ocess for the above stated corp registered agent and agree to	oration at the place designated in act in this capacity
			5/16/2011 Date
	Required Signature/Registered Agent	·····	Date
I submit this docum	ent and affirm that the facts stated herein	are true. I am aware that the	e false information submitted in a
document to the Dep	artment of State constitutes a third degree fe	elony as provided for in s.817.1	55, F.S.
	811 m		m / /-
			5/16/2011 Date
	Required Signature/Incorporator		Date