

P11000107661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

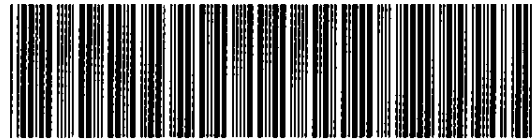
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/21/11--01010--014 \*\*78.75

FILING CANCELLED  
RETURNED CHECK

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11 DEC 21 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
12/22

## COVER LETTER

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

SUBJECT: LUNAR GAMES, 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Kyle Parsons  
Name (Printed or typed)  
505 Semoran Blvd  
Address  
Orlando FL 32807  
City, State & Zip  
407-616-0795  
Daytime Telephone number  
enchao@hotmail@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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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: LUNAR GAMES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

505 Semoran Blvd.  
Orlando FL 32807

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this corporation is to buy and sell Video games. Provide a place for the community to buy or sell new and used Video games

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kyle Parsons  
Address: 505 Semoran Blvd.  
Orlando FL 32807

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Kyle Parsons  
Address: 505 Semoran Blvd.  
Orlando FL 32807

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Corinthian Wilson  
Address: 37 N. Orange Ave.  
Orlando FL 32801

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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

Kyle Parsons

Required Signature/Registered Agent

12-8-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Corinthian Wilson

Required Signature/Incorporator

12-8-11  
Date