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(Requestor's Name) (Address) (Address)	600215451936	
(City/State/Zip/Phone #)	12/27/1101052002 **78.75	
(Document Number) Certified Copies Certificates of Status		
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J. Shivers DEC 2 8 2011

COVER LETTER

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

SUBJECT: FLORIZA POKERS INU INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Filing Fee & Certificate of Status	\$78.75 Filing Fee \$87.50 & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: John McKenna Name 7217 NW 64th Terrac	(Printed or typed)	
PARKland, FL 33067 City,		
· · · · · · · · · · · · · · · · · · ·	lephone number	i
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

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The name of the corporation shall be: Florida Pokers 144 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address 7217 NW 64th TEMACE PARKIANZ, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any And All LAWFUL business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Address:	John McKenna-PresiJert 7217 NW 6445 Techace Parkland, FL 33067	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:	_John McKenna
Address:	- 7217 NW 6443 Tenace
	PARILIAND. FL 33067

ARTICLE VII	INCORPORATOR	
The name and address of the Incorporator is:		
Name:	John McKenna	
Address:	7217 NW 645 Ferrace	
	PARILIAND, FL 23067	



Date

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

Required Signature/Registered Agent

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.



Mailing address, if different is: