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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
//SUM OF CORPORATIONS

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COVER LETTER

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

SUBJECT: Red Cup Games Inc. (PROPOSED CORPORAT	ENAME MUSTING	LIDE CHEETY)		
Enclosed are an original and one (1) copy of the artic \$70.00 \$78.75 Filing Fee & Certificate of Status	les of incorporation ar \$78.75 Filing Fee & Certified Copy			
FROM: Jason Zielinski	(Printed or typed)			
Fort Lauderdale, FL 333	ddress		12 AUG 20	SECRETARY OF C
954-524-6131 Daytime Te jzielinski@zielinski-assoc E-mail address: (to be used	lephone number iates.com for future annual repor	t notification)	PH 3: 33	LEB Y OF STATE JORPORATIONS

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

ARTICLES OF INCORPORATION

NS

	ln com	pliance with Cha	ipter 607 and	d/or Chapter 621	, F.S. (Profit)	SECRETARY	
ARTICLE I	NAME				1.	ม ุง เรียกัส 66 0	
The name of the o	corporation shall be:	Red Cup	Games	Inc.		40 400 00	04.0.00
ARTICLE II	PRINCIPAL OF	FICE				12 AUG 20	PH 3: 33
	Principal stree				Mailing addr	ess, if different is:	
	800 E. Broward E			<u></u>			
	Fort Lauderdale,	rl assul					
ARTICLE III	PURPOSE						
The purpose for	which the corporation						
	purposes, includ	ding, but not	limited to	, the develop	ment, pub	lication and d	listribution
of multimedi	ia products.						
ARTICLE IV	SHARES						
The number of sh	ares of stock is: 100	0					
ARTICLE V	INITIAL OFFICE	ERS AND/OR	DIRECTO	RS			
Name and	Title:Michael Bell	norn - Pre	sident	Name and Tit	le:		
Address:	800 E. Browa						
	Fort Laudero	iale, FL 333U	11				
				— N. 1777			
Name and Address:	Title:			_ Name and 111			
Address.	-			Addiess.			
							
Name and	Title:			Name and Tit	le [,]		
Address:	ritic	· · · · · · · · · · · · · · · · · · ·		Address:			
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ARTICLE VI	REGISTERED A						
	lorida street address	(P.O. Box NOT a	acceptable) o	of the registered ag	gent is:		
Name: Address:		nski, Esq. ward Blvd. #					
ruuress.		rdale, FL 33					
ADDICE E UU		•					
	INCORPORATO ddress of the Incorpor						
Name:	Jason Zieli			_			
Address:	800 E. Broy	vard Blvd. #7	702	_			
	Fort Laude	rdale, FL 333	301	_			
	med as registered age						designated in
this certificate, I	am familiar w ith and	accept the appoir	ntment as reg	gistered agent an	d agree to act	in this capacity	
/	6-6					8-15-1	<i>_</i>
	Required Si	gnature/Registere	ed Agent			8-/ y -/	
[]							
i submit this doc	cument and affirm th Depo r tment of State c	at ine jacts state onstitutes a third	a nerein ari deoree felov	e irue. I am awa w as provided foi	re inat the fa rin c 817 155	ise injormation Si F S	uomuuea in A

Required Signature/Incorporator