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P13000072899

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TROPICAL AMUSEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

09/05/13

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13 SEP -4 PM 12:16
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P.001

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8/28/2013 11:53:05 AM PAGE 1/001 Fax Server



August 28, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: TROPICAL AMUSEMENT USA, INC.
REF: W13000047995

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Verify and correct the signature of the Registered Agent and the Incorporator. It appear to be the same signature for two different people.

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000188618
Letter Number: 613A00020469

SEP/04/2013/WED 11:57 AM

FAX No.

P.003

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: TROPICAL AMUSEMENT USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

13955 SW 56 TERR

MIAMI, FL 33183

Mailing address, if different is:

13955 SW 56 TERR

MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPERATOR OF AMUSEMENT MACHINES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) TANIA ALFONSO

Address: 13955 SW 56 TERR
MIAMI, FL 33183

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(conf.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JULIA ALEMAN
Address: 11300 NW 87 CT #106
HIALEAH, FL 33018

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: TANIA ALFONSO
Address: 13955 SW 56 TERR
MIAMI, FL 33183

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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

Julia Aleman
Required Signature/Registered Agent

9/4/13
Date

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

Tania Alfonso
Required Signature/Incorporator

9/4/13
Date