PK1000096845

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ry/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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SLURE DARY OF STATE FALLAHASSEE, FLORIDA

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COVER LETTER

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

_{SUBJECT:} Gar	nes Adults Play,	Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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
	1 ₄	ADDITIONAL CO	
	ntonio J. Shinn Name 561 bluetick Drive	e (Printed or typed)	
		Address	
O	rlando, Florida 3	2810	
	City,	State & Zip	
	Daytime T	elephone number	
ga	amesadultsplay@		
	E-mail address: (to be use	d 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)

The name of the corpora	tion shall be: Games Adults	Play, Inc.	<u> </u>
ARTICLE II PRI	NCIPAL OFFICE Principal street address CK Drive	Mailing address, if dif	SAY -
Orlando, Flo	orida 32810		PM 1: 02
ARTICLE III PUR The purpose for which to business	POSE the corporation is organized is:	nd all lawful State of	7.
	NRES Stock is: 100 TIAL OFFICERS AND/OR DIRECTO .: Antonio J. Shinn	RS Name and Title:	
Address	Orlando, Florida 32810	Address:	
Name and Title	:	Name and Title:	
Address			
	:	Name and Title:	
Address		Address:	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT accéptable) of Antonio J. Shinn 5561 Bluetick Drive Orlando, Florida 32810	the registered agent is:	14 DEC -1 PH 1:02 SLOWE TWEET OF STATE FALL AHASSEE, FLORID,
ARTICLE VII	INCORPORATOR)
The name and ad	dress of the Incorporator is:		
Name:	Antonio J. Shinn		
Address:	5561 Bluetick Drive	·	
	Orlando, Florida 32810		
	ned as registered agent to accept service of process on Jamiliar with and accept the appointment as regi		t in this capacity 11/24/14
	Required Signature/Registered Agent		Date
	present and affirm that the facts stated herein are to Department of State constitutes a third degree felong Required Signature/Incorporator		