

COVER LETTER

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

SUBJECT: POKER SYSTEMS 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: SEPANDAN FARNIA

Name (Printed or typed)

2945 LICHEN LN. UNIT C

Address

CLEARWATER, FL 33760

City, State & Zip

813.484.3304

Daytime Telephone number

SANDFARNIA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 FEB -3 PM 1:32

ARTICLE I NAME
The name of the corporation shall be: **POKER SYSTEMS INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2945 LICHEN LN. UNIT C
CLEARWATER, FL 33760

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES **20,000,000**
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SEPANDAN FARNIA, CEO** Name and Title: _____
Address **2945 LICHEN LN. UNIT C** Address: _____
CLEARWATER, FL 33760

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

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

RECEIVED
AND
FILED

15 FEB -3 PM 1:32 (cont.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENT

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


Name: SEPANDAN FARNIA
Address: 2945 LICHEN LN. UNIT C
CLEARWATER, FL 33760

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SEPANDAN FARNIA
Address: 2945 LICHEN LN. UNIT C
CLEARWATER, FL 33760

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

JAN. 23, 2015

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.



Required Signature/Incorporator

JAN. 23, 2015

Date