

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
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TALLAHASSEE, FLORIDA

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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
ARCADE DREAM Corp

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME ARCADE DREAM Corp
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
2125 Biscayne Boulevard-580 A
Miami, Florida 33137

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To transact any legal business

ARTICLE IV SHARES
The number of shares of stock is: 100 shares of \$ 1.- par value each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bianconi Maurizio Pres/D
Address: 2125 Biscayne Boulevard-580 A
Miami, Florida 33137

Name and Title: _____
Address: _____

Name and Title: Jacobini Antonio Treasurer/Sacr
Address: 2125 Biscayne Boulevard- 580 A
Miami, Florida 33137

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: Chiarato Ugo V.
Address: 2125 Biscayne Boulevard-580 A
Miami, Florida 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bianconi Maurizio
Address: 2125 Biscayne Boulevard-580 A
Miami, Florida 33137

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

[Signature]

Required Signature/Registered Agent

March 20, 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. 817.133, F.S.

[Signature]

Required Signature/Incorporator

March 20, 2015

Date