

P16000015167

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS

\*\*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  
CLUB PINK PUSSY CAT, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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100638

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(X)

**COVER LETTER**

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

**SUBJECT: CLUB PINK PUSSY CAT, 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: JAMES D. FULFORD**

Name (Printed or typed)

**2651 NW 36 STREET**

Address

**MIAMI, FLORIDA 33142**

City, State & Zip

**305-621-2001**

Daytime Telephone number

**LUCKY@LUCKYGAMING.COM**

E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: CLUB PINK PUSSY CAT, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2651 NW 36 STREET

MIAMI, FLORIDA 33142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: BAR AND ENTERTAINMENT NIGHT CLUB

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JAMES D. FULFORD, P

Name and Title: \_\_\_\_\_

Address: 2651 NW 36 STREET

Address: \_\_\_\_\_

MIAMI, FLORIDA 33142

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

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: JAMES D. FULFORD  
Address: 2651 NW 36 STREET  
MIAMI, FLORIDA 33142

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAMES D. FULFORD  
Address: 2651 NW 36 STREET  
MIAMI, FLORIDA 33142

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SECRETARY OF STATE  
CORPORATION DIVISION

*Having been named as registered agent to accept service of process for the above named 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

2-16-2016  
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

2-16-2016  
Date

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