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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

or the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIA GAR PROP, INC**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/12/16

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: **MIA GAR PROP, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **JAMES D. FULFORD**

Name (Printed or typed)

298 N.E. 181 STREET

Address

MIAMI, FLORIDA 33162

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.

WRA

ARTICLES OF INCORPORATION
In compliance with Chapter 507 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: MIA GAR PROP, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

298 N.E. 181 STREET
MIAMI, FLORIDA 33162

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES D. FULFORD, PRES

Address: 298 N.E. 181 STREET
MIAMI, FLORIDA 33162

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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STATE
16 APR 11 PM 12:36

MIA

(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: 298 N.E. 181 STREET
MIAMI, FLORIDA 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES D. FULFORD
Address: 298 N.E. 181 STREET
MIAMI, FLORIDA 33162

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

4-11-2016
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

4-11-2016
Date

MA

04/11/2016 15:12 3056339696
11/11/17