

P17000020177

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-014495

03/08/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2017

JULIA ~~W~~ **U11**
5856 N.W. JOPPA CT.
PORT ST. LUCIE, FL 34986

SUBJECT: GAME ON, INC.
Ref. Number: W17000014495

We have received your document for GAME ON, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L16000031121.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 517A00003286

RECEIVED

17 MAR -7 AM 9:39

DEPARTMENT OF
COMMERCE
DIVISION OF CORPORATIONS

www.sunbiz.org

COVER LETTER

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

SUBJECT: Game On, 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: Julia Vill
Name (Printed or typed)

5856 NW Japan Ct
Address

Port St Lucie, FL 34986
City, State & Zip

772-203-4160
Daytime Telephone number

jips116@gmail.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: Full Game On, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5856 NW Jupp Ct
Port St Lucie, FL 34986

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A for profit corporation
with the general purpose of consulting
services.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julia Ull President Name and Title: _____

Address: 5856 NW Jupp Ct Address: _____
Port St Lucie, FL 34986

Name and Title: Larry Mack, Secretary Name and Title: _____

Address: 2352 SW Impact Dr Address: _____
Port St Lucie, FL 34953

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Julia Ull

Address: 5856 NW Joppa Ct
Port St Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julia Ull

Address: 5856 NW Joppa Ct
Port St. Lucie, FL 34986

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

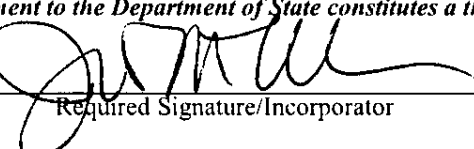
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

x 
Required Signature/Registered Agent

2/15/17
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.

x 
Required Signature/Incorporator

2/15/17
Date