

**Electronic Articles of Incorporation
For**

P19000030149
FILED
April 08, 2019
Sec. Of State
tburch

ARCADE SPOT INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

ARCADE SPOT INC

Article II

The principal place of business address:

6003 ROOSEVELT BLVD
JACKSONVILLE, FL. 32244

The mailing address of the corporation is:

6003 ROOSEVELT BLVD
JACKSONVILLE, FL. 32244

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1000

Article V

The name and Florida street address of the registered agent is:

LOAI SAFAR
6003 ROOSEVELT UNIT 3
JACKSONVILLE, FL. 32216

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: LOAI SAFAR

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Article VI

The name and address of the incorporator is:

BRETT ISAAC
2151 UNIVERSITY BLVD S

JACKSONVILLE FLORIDA 32216

Electronic Signature of Incorporator: BRETT ISAAC

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
LOAI SAFAR
6003 ROOSEVELT UNIT 3
JACKSONVILLE, FL. 32216

Article VIII

The effective date for this corporation shall be:

04/05/2019

P19000030149

Tracking No. 000327594660

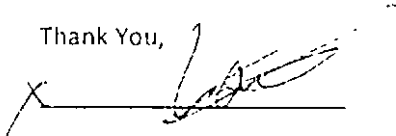
April 5, 2019

Re: Arcade Spot Inc

Dear Division of Corporations,

Please allow Loai Safar to purchase the name, Arcade Spot Inc. The Current owner will not use the name in the future.

Thank You,



Loai Safar, President

STATE OF FLORIDA
COUNTY OF Deval

Sworn to (or affirmed) and subscribed before me this 5 day of April, 2019, by
(name of person making statement).

Personally Known ✓ OR Produced Identification _____

Type of Identification _____

Produced _____

