

P19 000039090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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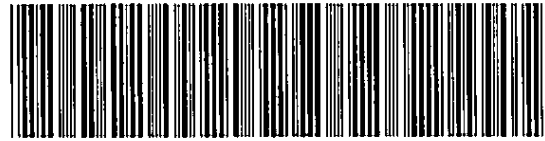
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 APR 15 AM 7:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** MVP GAMING, 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:** MARK PALMERI

\_\_\_\_\_  
Name (Printed or typed)

P O BOX 305

\_\_\_\_\_  
Address

INDIAN ROCKS BEACH FL 33785

\_\_\_\_\_  
City, State & Zip

815-955-0709

\_\_\_\_\_  
Daytime Telephone number

AGAPECONSTRINC 1 (A) AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2019

MARK PALMERI  
P.O. BOX 305  
INDIAN ROCKS BEACH, FL 33785 US

SUBJECT: MVP GAMING, INC.  
Ref. Number: W19000039494

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

A post office box is not an acceptable address for the registered agent.

The registered agent must have a Florida street address. A post office box is not acceptable.

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

Jalesa S Dennis  
Regulatory Specialist II  
New Filing Section

Letter Number: 619A00008130

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

**ARTICLE I NAME** MVP GAMING, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

204 4TH AVENUE #305

INDIAN ROCKS BEACH FL 33785

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
FOR TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED  
UNDER THE FLORIDA BUSINESS CORPORATION LAWS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

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

Name and Title: MARK PALMERI (PRES./OWNER)

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

Address 204 4<sup>TH</sup> AVENUE #305

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

INDIAN ROCKS BEACH

FL 33785

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

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

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

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

FILED  
2019 APR 15 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: MARK PALMERI  
Address: 204 4<sup>TH</sup> AVENUE #305  
INDIAN ROCKS BEACH FL 33785

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARK PALMERI  
Address: 204 4<sup>TH</sup> AVENUE  
INDIAN ROCKS BEACH FL 33785

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2019 APR 15 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4-12-19 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Mark Palmeri Mark Palmeri 4-12-2019  
Required Signature/Registered Agent 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.*

Mark Palmeri Mark Palmeri 4-12-19  
Required Signature/Incorporator Date