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(Re	questor's Name)	·. ·		
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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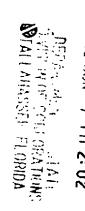


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COVER LETTER

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

SUBJECT:	The Great (PROPOSED CORPOR.	Games Library Inc.
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee. & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	James (ne (Printed or typed)
	299 Tea	Address
		State & Zip
	r	relephone number man 3 (v Amail . com sed for future annual yeport 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)

The name of the corporation shall be:	Great Coames Librari	J. fuc.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing add	Iress, if different is:
299 Teal Lane		
Tallahassee, Fl. 37308		
ARTICLE III PURPOSE The purpose for which the corporation is organized	is: Board Lame Store	
		
ARTICLE IV SHARES The number of shares of stock is: \[\bigcup \text{PD O} \]		
ARTICLE V INITIAL OFFICERS AND/QR D	IRECTORS	
	Mame and Title: CE	0
Address Z99 Teal V	ane Address:	
1 globassce, t	<u> </u>	
		
Name and Title:	Name and Title:	- C
Address	Address:	<u>> C.</u>
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		1000 C
Name and Title:	Name and Title:	(1) (2) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Address	Address:	
		

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	Name and Title:	Name and Title:	
	Address	Address:	
	Address		
	ARTICLE VI REGISTERED AGENT		
	The name and Florida street address (P.O. Box NOT ac	acceptable) of the registered agent is:	
	Name: James Chagnan	:. 82	
	Address: 799 (ea) Cane		
	lallahassee, Fl. 37	57.328	
	ARTICLE VII INCORPORATOR		
	The name and address of the Incorporator is:		
	Name: James Chipma		
	Address: 299 [eal Cane		
	Tallolussee, Fl	1. 37.308	
	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 filing.)	fic and cannot be more than five days prior or 90 days after the	
	Note: If the date inserted in this block does not meet the the document's effective date on the Department of State	the applicable statutory filing requirements, this date will not be listed as ate's records.	
	Having been named as registered agent to accept servic this certificate. I am fundiliar with and accept the appoin	vice of process for the above stated corporation at the place designated in pintment as registered agent and agree to act in this capacity	
	Required Signature/Registere	June 7, 201	9
	/ / / / / / / / / / / / / / / / / / / /		
	I submit this document and affirm that the facts stated document to the Department of Statesconstitutes a third	ted herein are true. I am aware that the false information submitted in a red degree felony as provided for in s.817.155, F.S.	1
	Comes (In ponar	n Done 7 701	9
	Required Signature Incorporator	Date. C	