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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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

| Fmail | Address | |
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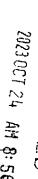
FLORIDA PROFIT/NON PROFIT CORPORATION

Let's Play Games Inc.

| Certificate of Status | Ü | |
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| Certified Copy | 0 | |
| Page Count | 01 | |
| Estimated Charge | \$70.00 | |

Electronic Filing Menu — Corporate Filing Menu

Help



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

| | shall be: Let's Play Games Inc. | |
|--|--|--|
| <i>ICLE II PRINCIP</i> Pri | AL OFFICE incipal <u>street</u> address | Mailing address, if different |
| 58 Highway ATA U | | |
| an River Shores, | | |
| CLE III PURPOS | £ | |
| itpose for which the | corporation is organized is: All Lawfu | l Purposes |
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| | and being the second of the se | |
| ICLE IV SHARES | | |
| number of shares of ste | ock is: 200 | |
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| TCLE V INIT I AL | | |
| | OFFICERS AND/OR DIRECTORS | |
| Name and Title:_ | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director | Name and Title. |
| Name and Title:_ Address | OFFICERS AND/OR DIRECTORS | Name and TitleAddress. |
| Name and Title:_ | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 | Name and TitleAddress. |
| Name and Title:_ Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 | Name and TitleAddress. |
| Name and Title:_ Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 | Name and TitleAddress. |
| Name and Title:_ Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 | Name and Title. Address. Name and Title: |
| Name and Title: Address Name and Title: Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Dennis Nafte, Director | Name and Title. Address. Name and Title: |
| Name and Title: Address Name and Title: Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Dennis Nafte, Director 5558 Highway A1A Unit 305 | Name and Title. Address. Name and Title: |
| Name and Title: Address Name and Title: Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Dennis Nafte, Director 5558 Highway A1A Unit 305 | Name and Title. Address. Name and Title: |
| Name and Title: Address Name and Title: Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Dennis Nafte, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 | Name and Title. Address. Name and Title: |
| Name and Title:_ Address Name and Title:_ Address | OFFICERS AND/OR DIRECTORS Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Dennis Nafte, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 | Name and Title: |
| Name and Title:_ Address Name and Title:_ Address Name and Title:_ | Anthony Pappalardo, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Dennis Nafte, Director 5558 Highway A1A Unit 305 Indian River Shores, FL 32963 Brian Polonia, Director | Name and Title: Name and Title: Name and Title: |

| Page 5 c | of5, . | 2023-10-24 07:33:07 CDT | | Lexitas | From: Carol Panchana |
|--|---|--|---|---|----------------------|
| Name and | Title: | | Name and Title: | | |
| Address | | | Address: | | - |
| | , | | | | |
| | | | | | |
| The name and Flo | EGISTERED AGE: orida street address (Anthony Pappa | P.O. Box NOT acceptable) of | the registered age | nt is: | |
| Name: | | 1A Unit 305 | - | | |
| Address: | | ores, FL 32963 | _ | | |
| | INCORPORATOR dress of the Incorpora | ntor is: | | | |
| Name: | | palardo | | | |
| Address. | | ay A1A Unit 305 | _ | | |
| . ECCI COD. | | Shores, FL 32963 | _ | | |
| Effective date, if (If an effective d filing.) Note: If the date the document's effective date. | ate is listed, the date inserted in this block ffective date on the F | filing: must be specific and cann does not meet the applicable partment of State's records | of be more than e statutory filing r | five days prior or 90 days after the | sted as |
| tiaving been nam certificate, I am fi | amiliar with and acce | t to accept service of process opt the appointment as registe | jor ine ubove state rred agent and agr | d corporation at the place designate see to act in this capacity | 44 III 11415 |

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.

10/20/2023 Date

To: