

ACCOUNT NO. : 072100000032

REFERENCE: 581456 151492A

AUTHORIZATION :

COST LIMIT: 9 70. 00 Patuein Popule

APR 19 AH 11: 59
RETARY OF STATE AHASSEE FLORIDA

ORDER TIME : 4:22 PM

ORDER DATE: April 18, 1995

ORDER NO. : 581456

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CUSTOMER NO: 151492A

CUSTOMER: Mr. Norman Kramer

TROPICAL FUN CENTER, INC.

13394 S.w. 288th Street

Naranja, FL 33033

#### DOMESTIC FILING

NAME: TROPICAL FUN CENTER, INC.

<u>X</u>	ARTICLES OF INCORPORATION	
	CERTIFICATE OF LIMITED PARTNERSHIP	
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	
<u>x</u>	_ CERTIFIED COPY _ PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING	

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

My of

#### ARTICLES OF INCORPORATION

OF

# TROPICAL FUN CENTER, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be: TROPICAL FUN CENTER, INC.

The address of the principal office of this corporation shall be 13394 Southwest 288th Street, Naranja, Florida 33033, and the mailing address of the corporation shall be the same.

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having no par value per share.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahasseo, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

# ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

# ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Norman Kramer

13394 Southwest 288th Street

Naranja, Florida 33033

Maria Kramer

Same

### ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc. 1201 Hays Street Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on April 18, 1995.

Its Agent, Gail Shelby J. Incorporator

# ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

Bv:

Scent Checa

Authorized Service Representative Corporation Service Company

JAB/gls

FILED

SECRETARY OF STATE

# P95000030505

May 18, 1995

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Tropical Fun Center, Inc. Doc.# P95000030505

## Gentlemen:

Please be advised that the correct address for this corporation should be:

27201 S. Dixie Highway Naranja, Florida 33032

This is the mailing address as well as the location of the business.

Thank you for your attention to this matter

Cordially,

Maria B. Kramer

Treasurer

2-50 di

PLEASE READ	ALL INSTRUCTIO	NS BEFORE (	COMPLETING THIS FORM.			
APPLICATION FOR REINSTATEMENT	FLORIDA DEPART Sandra B. Secretary Division of co	MENT OF STATE Mortham of State				
DOCUMENT # P9500	0030505	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Tropical FUN CEN	oter, Inc.	TALLAHASSEE, FLOHIDA				
Principal Place of Pusiness	Mailing Address	]				
2720/ 3. DINIE Highwa	4 27201	<i>j</i>				
27201 S. DINIE Highwa Naranja je 33032	•	REINSTATEMENT QL				
If above addresses are incorrect in any way, line thro New Principal Office Address, If Applicable	ough incorrect information and e 3 New Mailing Address, If A	DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified				
Suite, Apt. #. etc.	Suite, Apt. #, etc		To Do Business in Florida 4/19/1995			
City & State	City & State	<del></del> -	5. FEI Number  Applied For Not			
Zip Country	Z <sub>i</sub> p   Cc	ountry	6.			
7 Names and Street Addresses of Each Officer and/o		·	for a Certificate of Status			
Title(s) Name of Officers and/or Directors	3 (Do NO	Street Address of Each Officer and/or Director IT Use Post Office Box N				
D KRAMER, NORMAI		S. DIXIE A				
D KRAMER, MARIA	2720!	3. DIXIE F	Tighway Naeanja, FL 33032			
			1000020036615 -11/20/9601053013 ****383.75 ****383.75			
8. Name and Address of Current Re	spistered Arent		JB11-18-94			
COLPORATION SERVICE	COMPARY	Name AID OL	9. Name and Address of New Registered Agent			
1201 HAYS STREET TALLAHASSEE, FC 3	- ' '	Y NORMAN KRAMER  Street Address (P.O. Box Number is Not Acceptable)  27201 S. DIXLE HIGHWAY  Surte, Apt. #, Etc.				
,, -	•	City / O. O. a. a.	State   Zip Code			
10 I being appointed the registroid agent of the above	named corporation, am familiar	with and accept the obli				
10 I bring appointed the reaction diagent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agont Date 11156						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I receitly that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing tees owed by the corporation have tight per paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made						

SIGNATURE