

P96000047404

TRANSMITTAL LETTER

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

SUBJECT: CASINO VENTURES, INC.
(Proposed corporate name - must include suffix)

*****78.75 *****78.75

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: DEWAYNE WILLIAMS
Name (printed or typed)

4738 OCEAN STREET
Address

MAYPORT, FLORIDA 32233
City, State & Zip

(904) 241-7200
Daytime Telephone number

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

56 MAY 29 AM 9:46

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

GB 6/5/96

ARTICLES OF INCORPORATION

05/17/20 11:11 AM

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CASINO VENTURES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4738 OCEAN STREET
MAYPORT, FLORIDA 32233

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEE UTLEY
2314 POST STREET
JACKSONVILLE, FLORIDA 32205

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DEWAYNE WILLIAMS

4738 OCEAN STREET
MAYPORT, FLORIDA 32233

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23rd day of May, 19 96.

Dewayne Williams
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

05/23/96

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is. CASINO VENTURES, INC.

2. The name and address of the registered agent and office is:

LEE UTLEY

(NAME)

2314 POST STREET

(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

JACKSONVILLE, FLORIDA 32205

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lee Utley

(SIGNATURE)

5/23/96

(DATE)