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CORPORATE	
//	Road . Mount Vernon Square . Tallahassee, Florida 32303
INC. P.O. Box 37066 (32315-706	56) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666
ARTIFIED COPY.	991/00 7 Cus
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(CORPORATE NAME & DOCUMENT #)	
SPECIAL INSTRUCTIONS	11/ED

## ARTICLES OF INCORPORATION

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:

Laser Tag of P.B. Co., Inc.

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ARTICLE II PRINCIPAL OFFICE

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

2001 10th Avenue North

Bay # 5

Lake Worth, F1 33461

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Domenick D. Vitale

7685 Lake Worth Road

Lake Worth, FL 33467

#### 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):

Harry J. Brown, Jr. 461 Park Avenue South New York, NY ]00]6

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

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

## Notarization is not required

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

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: Laser Tag of P.B. Co., Inc.	<del></del>		<u> </u>
2.	The name and address of the registered agent and office is:	<del></del> .	<u> </u>	
Domenick D. Vitale (NAME)		TALLAF	الال 97	
	7685 Lake Worth Road (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	WSSEP FI	L -2 PH	Allers Al
	Lake Worth , FL 33467 (CITY/STATE/ZIP)	SIME	12:01	, (m), , mail

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.

(SIGNATURE)