97 AUG -5 PH 3:35 TALLAHASSEL. FLORIDA

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

SUBJECT: LAST CARD Charlie Fromotions, Tour
(Proposed corporate name - must include suffix)

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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: (rch ard Name (Printed or typed)

714 Chipshot Dr Address

MACCIONN-17/2 32 OSTA City, State & Zip

Will Wait 904-259-4968

Daytime Telephone number

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

FILED

ARTICLES OF INCORPORATION

97 MJ9 -5 FH 9: 39

The undersigned incorporator, for the purpose of forming a corporation under the Florida

Business Corporation Act, hereby adopts the following Articles of Incorporation.	TALLAMASSILLA LORIDA
ARTICLE I NAME	
The name of the corporation shall be:	
LAST CARD CHARLIE From o	tions Tuc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall	ll be:
714 Chipstrot Dr	
MACILENNY 7/2 32063	
The number of shares of stock that this corporation is authorized to have or	utstanding at any one time is:
	,
10D	
ARTICLE IV INITIAL REGISTERED AGENT AND STR	EET ADDRESS
The name and Florida street address of the initial registered agent are:	
Richard T. M. Gillin	
714 Chipshot Do, MACClown	γ ,
ARTICLE V INCORPORATOR	1,71
The name and address of the incorporator to these Articles of Incorporati	on are:
Richard T Mc G: FFin	
7/4 Ch 20) + A	
MACCONNA 712 32063	
	7 1
Signature/Incorporator	hynd 4, 1957
Signature/Incorporator	Date /
C. 7	

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

Having beep-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 ofent Date / 15 9 7

Signature/Registered Agent