8000072358

Department of State **Division of Corporations**

P. O. Box 6327 Tallahassee, FL 32314		·90	000025175 -08/17/98-01	3 99- 177-0 ****13
SUBJECT:	JIN WIN E (Proposed corpor	NTERTAINMENT rate name - must include suf	TNC.	_
Enclosed is an original and	one(1) copy of the article	s of incorporation and a c	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	DHIL Glassy	ADDITIONAL CO	PY REQUIRED	
	POBOX 14	0\80 Address		- •
	Ocala F	、 344 1 8 State & Zip	98 AUG I	
	352 237 118 6 Daytime T	or 323 644716 Celephone number	SEEF SAID: 42	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME	76A 12
The name of the corporation shall be: WIN WIN ENTERTS	INMENT INC.
ARTICLE II PRINCIPAL OFFICE	2 010180
The principal place of business and mailing address of this corporation s	hall be: P.O.BOX 140 180 Cala Fl. 34418
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have	outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND ST	REET ADDRESS
The name and Florida street address of the initial registered agent are:	
	PHIL Glassman 2801 S.W. College RD. Scrite 18
ARTICLE V INCORPORATOR	Ocala Fl. 34478
The name and address of the incorporator to these Articles of Incorporation	ation are
	PHIL Glassman,
	PHIL Glassman 2801 S.W. College RD. surtel8
	OCALA Fl. 34478
[pu	8-5-98
Signature Incorporator	Date
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(An additional article must be added if an effective date is requested.)

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 fall statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position fis registered agent

Signature/Registered Agent

8-5-98

Date