798000097602

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

ŧ

SUBJECT:				
			<i>न-सः कः कः</i>	:6922370)/98-01001-015 *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 of Status	#\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Christopher W. Collins Name (Printed or typed)				FILED 98 NOV 19 PM 3: 59 SECRETARY OF STATE TALLAHASSEE, FLORIG
2900 W. Arlington Ave.				TARY OF
Orlando, Fl. 32805 City, State & Zip			3: 59 STATE LORIDA	
City, State & Zip 407 - 423- 0593 Daytime Telephone number				

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.

The name of the corporation shall be: (1055 File Paintball, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2000 V). Arlington. Ave. Oilando, Fla. 32805

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 Florida street address of the initial registered agent are:

Christopher W. Collins 2900 W. Arlington Ave. Orlando, # 32805

ARTICLE V INCORPORATOR

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

ChrisTopher W. Collins 2900 W. Arlington Aug. Orlando Fl 32805

Signature/Incorporator

Data

(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 end 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/Registered Agent

Date