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

600002872476---7 -05/12/99--01056--013 ******87.50 *****87.50

SUBJECT:

SCRATCH 2 WIN, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check f	k for :
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□ \$70.00 □ \$78.75
Filing Fee Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: ROGER MCCLAIN

Name (Printed or typed)

1125 KASIM STREET

Address

OPA LOCKA, FL 33054 City, State & Zip

City, State & Zip

(305) 681-5509

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 Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be:	e Florida	99 MAY 1 SECRETAR TALLAHASS	
SCRATCH 2 WIN, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall 1125 KASIM STREET	I be:	2 AM IO: 23 Y OF STATE SEE, FLORIDA	
OPA LOCKA, FL 33054 ARTICLE III SHARES			ETT SET
The number of shares of stock that this corporation is authorized to have out /00 ARTICLE IV INITIAL REGISTERED AGENT AND STREE	=		S:
The name and Florida street address of the initial registered agent are:	I ADDALL	= 20	
ROGER MCCLAIN 1125 KASIN STREET OPA LOCKA, FL 33054			* 1 <u>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 </u>
ARTICLE V INCORPORATOR	:	 <u></u>	
The <u>name and address</u> of the incorporator to these Articles of Incorporation **ROGER MCCLAIN** 1125 KASIM STREET	on are:		
DPA LOCKA, FL 33054 Signature/Incorporator	8/19		· · · · · · · · · · · · · · · · · · ·
Signature/incorporator	Date)	

(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 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