P16000069934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/25/16--01024--013 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2016

KATHLEEN GRAUSAM-LOEHRIG
3115 S.E. MALL TERRACE
PORT ST. LUCIE, FL 34984

SUBJECT: MILLION DOLLAR CONCESSIONS INC
Ref. Number: W16000053528

RECEIVED
16 AUG 16 PM 12:43
TALLAHASSEE, FLORIDA

We have received your document for MILLION DOLLAR CONCESSIONS INC and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 716A00016220

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Million Dollar Concessions Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Kathleen Grausam-Loehrig
Name (Printed or typed)

3115 S.E. Mall Terrace
Address

Port Saint Lucie, FL 34984
City, State & Zip

(561)324-2644
Daytime Telephone number

Kaylo140@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Million Dollar Concessions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

3115 S.E. Mall Terrace

Port Saint Lucie, FL 34984

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 16 PM 3:20

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Kathleen Grausam-Loehrig

Address: 3115 S.E. Mall Terrace

Port Saint Lucie, FL 34984

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kathleen Grausam-Loehrig

Address: 3115 S.E. Mall Terrace

Port Saint Lucie, FL 34984

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ July 22, 2016

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ July 22, 2016

Required Signature/Incorporator Date