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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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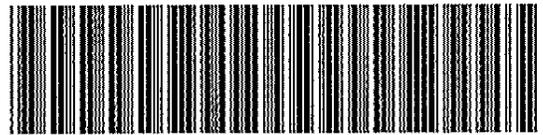
(Business Entity Name)

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*M*

**BARON & MOORE, P.A.**  
ATTORNEYS AT LAW

640 N. HILLSIDE AVENUE  
ORLANDO, FLORIDA 32803

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WWW.BARONANDMOORE.COM

PLEASE REPLY TO ORLANDO OFFICE

**MICHIGAN OFFICE**  
1101 11TH AVENUE  
SUITE 4  
MENOMINEE, MI 49858  
OFFICE: (906) 863-3600  
FAX: (906) 863-3609

**MICHAEL L. MOORE**

**ARTHUR BARON** ♦♦  
FLORIDA BOARD CERTIFIED  
CIVIL TRIAL LAWYER

\* ALSO ADMITTED IN MICHIGAN  
♦ OF COUNSEL

August 28, 2006

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOBAL CONCESSIONS, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing:

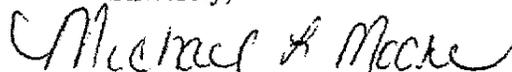
Please return all correspondence concerning this matter to the following:

Michael L. Moore, Esquire  
Baron and Moore, P.A.  
640 North Hillside Avenue  
Orlando, Florida 32803

For further information concerning this matter please call:

Michael L. Moore, Esquire at 407-894-6447

Sincerely,



Michael L. Moore

MLM:mkr

Enclosures: as stated

cc: Mr. Michael L. Moore

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

Global Concessions, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address**

640 North Hillside Avenue  
Orlando, Florida 32803

**Mailing Address**

640 North Hillside Avenue  
Orlando, Florida 32803

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature**

The name and the Florida street address of the registered agent are:

Michael L. Moore, Esquire  
640 North Hillside Avenue  
Orlando, Florida 32803

*Having been named as registered agent and to accept service of process for above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.*

  
Registered Agent’s Signature

**ARTICLE IV – Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

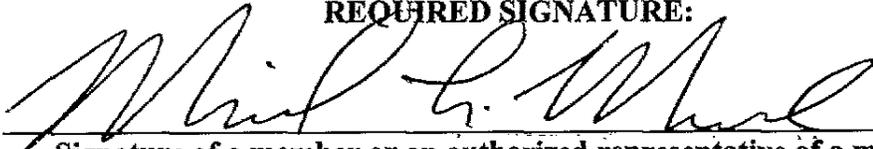
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MGRM

Michael L. Moore  
640 North Hillside Avenue  
Orlando, Florida 32803

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member**

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

\_\_\_\_\_  
Typed or printed name of signee

**Filing fees enclosed**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy**

**\$ 5.00 Certificate of Status**