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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

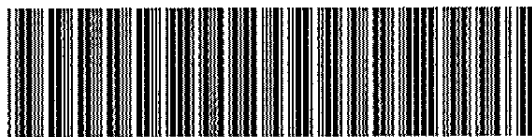
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mu

BARON & MOORE, P.A.
ATTORNEYS AT LAW

640 N. HILLSIDE AVENUE
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OFFICE: (407) 894-6447

FAX: (407) 894-0332

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:

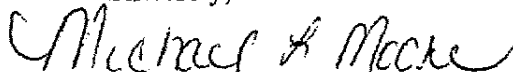
Please return all correspondence concerning this matter to the following:

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:mkf

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

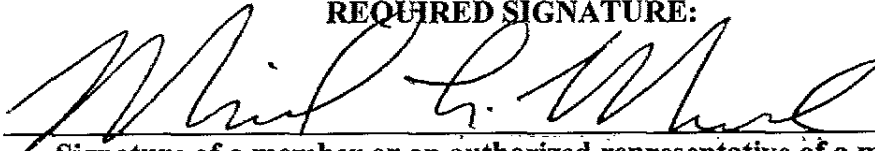
Name and Address:

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06 AUG 30 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

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

REQUIRED SIGNATURE:

A handwritten signature in cursive script, appearing to read "Michael L. Moore", written over a horizontal line.

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