

N0400000 80 89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: SPECIAL EVENT BEVERAGES + CONCESSIONS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MITCHELL STEINBERG
Name (Printed or typed)

5302 SAPPHIRE VALLEY
Address

BOCA RATON FL 33486
City, State & Zip

954-584-3443
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

SPECIAL EVENT BEVERAGES & CONCESSIONS INC

ARTICLE II PRINCIPAL OFFICE

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

5302 SAPPHIRE VALLEY BOCA RATON, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FUND RAISING

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

VOTE

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

MITCHELL STEINBERG

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MITCHELL STEINBERG

5302 SAPPHIRE VALLEY BOCA RATON, FL 33486

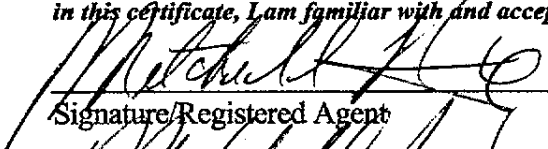
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MITCHELL STEINBERG

5302 SAPPHIRE VALLEY BOCA RATON, FL 33486

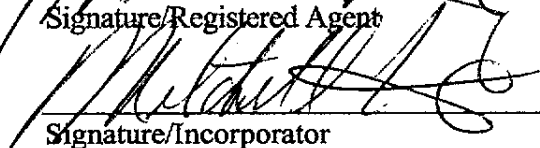
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

8-5-04

Date



Signature/Incorporator

8-5-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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