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Florida Department of State**Division of Corporations****Public Access System****Katherine Harris, Secretary of State****Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
00 JAN 19 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.**ANTHONY'S CONCESSIONS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
ANTHONY'S CONCESSIONS, INC.

We, the undersigned, are desirous of forming a corporation under the laws of the State of Florida, such laws that are applicable to corporations for profit, and respectfully petition the Secretary of State for approval of such incorporation under the following proposed Certificate of Incorporation.

ARTICLE I

NAME

The name of this corporation shall be ANTHONY'S CONCESSIONS, INC. and its principle place of business shall be . 7275 SW 137 ST MIAMI, FL 33158 and any other location that the board of directors may deem appropriate.

ARTICLE II

RESIDENT AGENT

The resident AGENT OF THE CORPORATION SHALL BE ANTHONY D VIVONA 7275 SW 137 ST MIAMI, FL 33158.

ARTICLE III

GENERAL NATURE OF BUSINESS

The general purpose or object to be transacted, promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the State Florida.

ARTICLE IV

SHARES OF STOCK - NUMBER

The maximum number of shares of stock that the corporation is authorized to have outstanding at any time is five hundred (500) common stock.

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ARTICLE V
AMOUNT OF CAPITAL

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00).

ARTICLE VI

DURATION

This corporation is to have perpetual existence, commencing upon the approval by the Secretary of State of this certificate of incorporation.

ARTICLE VII

DIRECTORS

The affairs of the corporation will be managed by 2 Directors. The names and addresses of the individuals who are to serve as directors until new directors are elected at the shareholders meeting are:

NAME

ANTHONY D VIVONA

11230 SW 104 ST
MIAMI, FL 33176

POLLY LOREN

11230 SW 104 ST
MIAMI, FL 33176

ARTICLE VIII

OFFICERS

The names and address of the individuals who will serve as the initial officer of the corporation until new officers of the corporation are appointed at the time of the first meeting of the shareholders are as follows:

NAME

ADDRESS

ANTHONY D VIVONA

PRESIDENT

11230 SW 104 ST
MIAMI, FL 33176

POLLY LOREN

SEC/TRES

11230 SW 104 ST
MIAMI, FL 33176

We, the undersigned, being the original subscribers to this certificate of incorporation, do hereby make, subscribe, acknowledge and file this certificate and certify that the facts stated herein are true, and have hereunto set my hand and seal this 18 day of JANUARY 2000

ANTHONY D VIVONA

POLLY LOREN

FILED
00 JAN 19 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION
REGISTERED AGENT\REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

1. The name of the corporation is ANTHONY'S CONCESSIONS, INC
2. The name and address of the registered agent and office
ANTHONY D. VIVONA 7275 SW 137 ST... MIAMI, FL. 33158

SIGNATURE

PRESIDENT

TITLE

DATE

1-18-00

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY. I FURTHER AGREED 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

1-18-00

DATE