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

	CHRISTOPHER'S CONCESSIONS, INC.		
SUBJECT:	(Proposed corporate name - must include suffix)		

Enclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPV REOHRED
		ADDITIONAL	Of I Regulation

FROM: CHRISTOPHER DAGES Name (Printed or typed)		
300 N.W. 21 STREET	SECRETARY	00 APR 20
WILTON MANORS, FL. 33311 City, State & Zip		AM 8:
954 - 568 - 2355 Daytime Telephone number	IDA A	ਨ

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

PH 4/25/00/

ARTICLES OF INCORPORATION

	a he undersigned incorporator, for the purpose of forming a corporation under the Florida usiness Corporation Act, hereby adopts the following Articles of Incorporation.			
ARTICLE I	NAME			

FILED

00 APR 20 AM 8: 16

The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE. FLORIDA

CHRISTOPHER'S CONCESSIONS,

ARTICLE II PRINCIPAL OFFICE

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

300 N.W. ZI STREET

WILTON MANORS, FL. 33311

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

SHARES OF STOCK

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CHRISTOPHER DAGES

300 N.W. 21 STREET

WILTON MANORS, FL. 33311

INCORPÓRATOR

The name and address of the incorporator to these Articles of Incorporation are:

DAGES CHRISTOPHER

300 N.W. ZI STREET WILTON MANORS, FL. 33311

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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 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

Signature/Registered Agent

Date