## TRANSMITTAL LETTER

## P01000025080

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

OI MAR -7 AM 9:48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: WYATH CONCESSIONS FUC.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed is an original and one(1) copy of the article	800003810 -03/07/01 *****78.75 es of incorporation and a check for :	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$\square\$ \$\square\$ \$\\$87.5\\\$87.5\\\$Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: John Wyatt  Name (Printed or typed)  1033 N. WATERWAY Dr.  Address		
	275 Fl 33919 State & Zip 590-1-880	

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

Daytime Telephone number

AKTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:	FILED
WyAtt Concessions, Inc.	01 MAR -7 AH 9: 48
r r r dashess maning address is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  HIRE EMPLOYEES  ARTICLE IV SHARES  The number of shares of stock is:	7
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)  The name(s) and address(es):  JOHN J. WYA++ + Judy L. WYA	rtt, Sec.
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:	
JOHN J. WHATETURE Dr. 1033 N- WATETWAY Dr. ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:  JOHN J. WHATT  1033 N. WATERWAY Dr.  FH MYERS F( 33919)	
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this ca	
Signature/Registered Agent Date	126/01
Signature/incorporator Date	126/01