

PD3000024196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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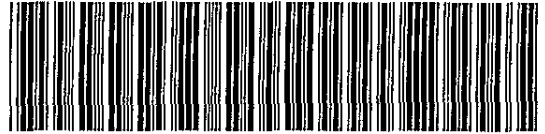
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

m 2/28

TRANSMITTAL LETTER

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

SUBJECT: MR. COBBS CONCESSION INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MR. DARRION OWENS
Name (Printed or typed)

665 NW 118th Street
Address

MIAMI, FLORIDA 33168
City, State & Zip

(786) 326-3110
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MR. COBBS CONCESSION INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

665 NW 118th STREET
MIAMI, FLORIDA 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE CATERING SERVICE FOR DIFFERENT EVENTS.

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES, NUMBER OF SHARES AT ONE GIVEN TIME 100 SHARES.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MR. DARRION OWNES, PRESIDENT
665 NW 118th STREET
MIAMI, FLORIDA 33168

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

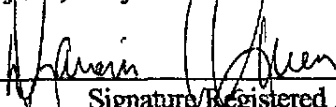
MR. DARRION OWENS
665 NW 118th STREET
MIAMI, FLORIDA 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MR. DARRION OWENS
665 NW 118th STREET
MIAMI, FLORIDA 33168

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

2-19-03

Date



Signature/Incorporator

2-19-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA