

P04000168289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

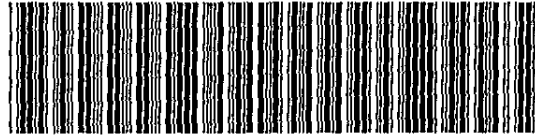
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/04
Sd

TRANSMITTAL LETTER

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

SUBJECT: GDS Foods, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Edward R. Bignon
Name (Printed or typed)

2813 S. Hiawassee Rd., Suite 204
Address

Orlando, FL 32835
City, State & Zip

407-532-5225
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:

GDS Foods, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2813 S. Hiawassee Rd., Suite 204
Orlando, FL 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hospitality Services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edward R. Bignon, President
5981 Chesapeake Pk.
Orlando, FL 32819

Rose M. Bignon, Vice President
5981 Chesapeake Pk.
Orlando, FL 32819

ARTICLE VI REGISTERED AGENT

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

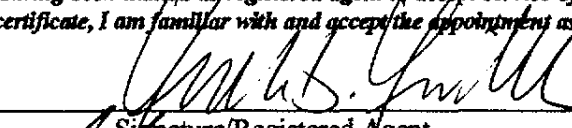
Frank Finkbeiner
108 E. Hillcrest St.
Orlando, FL

ARTICLE VII INCORPORATOR

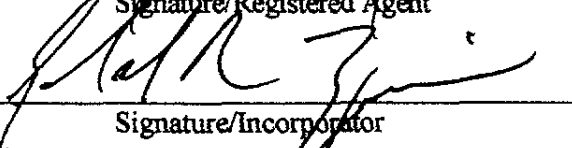
The name and address of the Incorporator is:

Edward R. Bignon
5981 Chesapeake Pk.
Orlando, FL 32819

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



Signature/Incorporator

12-13-04

Date

11/15/04

Date

FILED
04 DEC 15 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA