## 706000039289

| (Requestor's Name)                      |             |
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| (Address)                               |             |
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| (Address)                               |             |
|   |             |
| (City/State/Zip/Phone #)                |             |
|   |             |
| PICK-UP WAIT                            | MAIL        |
|   |             |
| (Business Entity Name)                  |             |
| ·                                       |             |
| (Document Number)                       | <del></del> |
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| Certified Copies Certificates of Stat   | iis         |
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| Special Instructions to Filing Officer: |             |
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Office Use Only



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7006 WAR 17 P 2: 49

## **COVER LETTER**

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

| SUBJECT:             | PROPOSED CORPORA                             | S<br>TENAME-MUST INCL  | IDE SUFFIX)   | <u> </u> |
|----------------------|--|--|---|----------|
|                      | <b>,</b>                                     |  |   |          |
| Enclosed are an orig | inal and one (1) copy of the arti            | cles of incorporation and  | d 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 |          |
|                      |  | ADDITIONAL CO  | - 6-36 -  | 77       |
| FROM:                | Deboral M. A                                 | tiel   | AR IT P<br>ETARY OF S<br>HASSEE, FI                 |          |
| · _                  | Name   | (Printed or typed)  Output  Ou | Z: 49<br>STATE<br>LIORIDA                           |          |
| -                    |  | 32317<br>State & Zip   |   |          |
| -                    | 350-519-26                                   |  |   |          |

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

| in compliance with Chapter 607 and/of Chapter 621, P.S. (F1011t)   |
|--|
| ARTICLE I NAME   |
| The name of the corporation shall be: 6+D Concessions, Inc.  |
| or or other stone.   |
|  |
| ARTICLE II PRINCIPAL OFFICE  |
| The principal place of business/mailing address is: 00 Box 18046 U   |
| The principal place of business/mailing address is: po Box 180464  Tallahassee H 32318   |
| 10000 100 100 100 100 100 100 100 100 1  |
| ARTICLE III PURPOSE  |
| The purpose for which the corporation is organized is: food come resions   |
| TOO W CONCESSIONS  |
|  |
| ARTICLE IV SHARES  |
| The number of shares of stock is: $OD$   |
|  |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  |
| List name(s), address(es) and specific title(s):   |
| Birrober Deboral Will  |
| Director Gler Brown  |
| ALS 70   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agentise.   |
| ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agentiss.   |
|  |
| 3839 N. Monroe St. #10   |
| Tallahasser 2 32303  |
|  |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is:  |
|  |
| Delinah M. Heel<br>PO Port 180464<br>Talla Il 32318  |
| Tall 32310   |
| **************************************   |
| 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 |
| Dehnal M. Hiel 3/17/06   |
| Signature/Registered Agent Date  |
| Delegah M. Hill  |
| Signature/Incorporator Date  |

**ARTICLES OF INCORPORATION**