

# Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Southern Specialties and Concessions Inc.

Certificate of Status	1
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### ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Biships F. FLORIDA Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Southern Specialties and Concessions Inc.

ARTICLE II PRINCIPAL OFFICE

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

\*

Southern Specialties and Concessions Inc. 8027 27th Avenue N. Saint Petersburg, FL 33710

### ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Glenna Davis 8027 27th Avenue N. Saint Petersburg, FL 33710

Prepared By:

3ruce B. Hubbard

77 East John St.
-licksville, New York 11801
1-516-935-3940

## ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Glenna Davis - President/Director 8027 27th Avenue N. Saint Petersburg, FL 33710

#### ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Glenna Davis 8027 27th Avenue N. Saint Petersburg, FL 33710

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of January 2007.

Glenna Davis - Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the regist	tered agent and office is:	
	Glenna Davis	
	Name	· -
	8027 27th Avenue N.	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Saint Petersburg, FL 33710	
	(City / State / Zip)	
agent and agree to act in this capa relating to the proper and complet obligations of my position as regis.	acity. I further agree to comply with the provisions of all the s te performance of my duties, and am familiar with and accep tered agent.	t the
		0
		THE PRINTED
Me. Das	January 9, 2007	FLORIDA FLORIDA
Glenna Davis	(Date)	- ×
SIGNATURE		