

# PD7000066023

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2007 JUN -5 A 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. WHITE JUN -6 2007

**COVER LETTER**

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

SUBJECT: SUNCOAST CONCESSIONS, 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: SUNCOAST CONCESSIONS, INC  
Name (Printed or typed)

1104 NOVA RD  
Address

DAYTONA BEACH, FL. 32117  
City, State & Zip

(813) 477-4248  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2007

PAUL SMITH  
1104 NOVA RD  
DAYTONA BEACH, FL 32117

SUBJECT: SUNCOAST CONCESSIONS, INC.  
Ref. Number: W07000020969

We have received your document for SUNCOAST CONCESSIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the Principal Office address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filing Section

Letter Number: 907A00030121

**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:

SUNCOAST CONCESSIONS, INC.

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2007 JUN -5 A 9:11

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1104 NOVA RD., DAYTONA BEACH, FL. 32117

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CARNIVAL CONCESSIONAIRE

**ARTICLE IV SHARES**

The number of shares of stock is:

50,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

PAUL SMITH, 1104 NOVA RD., DAYTONA BEACH, FL. 32117

**ARTICLE VI REGISTERED AGENT**

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


PAUL SMITH, 1104 NOVA RD., DAYTONA BEACH, FL. 32117

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PAUL SMITH, 1104 NOVA RD., DAYTONA BEACH, FL. 32117

\*\*\*\*\*  
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 Agent4/20/06  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature/Incorporator4/20/06  
\_\_\_\_\_  
Date