

PO9000036257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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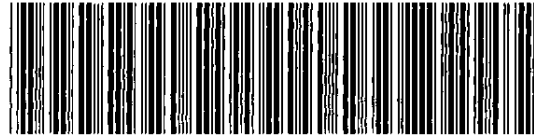
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: DRIDIK CINEMAS, 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: ANDREW J. FRIEBEL

Name (Printed or typed)

607 SE 47TH STREET, UNIT #8

Address

CAPE CORAL, FL., 33904

City, State & Zip

239-222-4141

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:

DRIDIK CINEMAS, inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

607 SE 47TH STREET, UNIT #8
CAPE CORAL, FL., 33904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE THEATER ENTERTAINMENT TO THE PUBLIC.

ARTICLE IV SHARES

The number of shares of stock is:

20,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANDREW J. FRIEBEL, PRESIDENT
607 SE 47TH STREET, UNIT # 8
CAPE CORAL, FL., 33904

ARTICLE VI REGISTERED AGENT

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

ANDREW J. FRIEBEL
607 SE 47TH STREET, UNIT # 8
CAPE CORAL, FL., 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDREW J. FRIEBEL
607 SE 47TH STREET, UNIT # 8
CAPE CORAL, FL., 33904

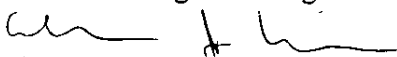
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

04-20-09

Date



Signature/Incorporator

04-20-09

Date

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SECRETARY OF STATE
FLORIDA