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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL.
(D.,	ainean Fakita Nier	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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TALLAHASSEE, FLORID.

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## **COVER LETTER**

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

SUBJECT: Daytona Oasis Beachs	ide Concession	ons, Inc.
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Ronald A. Nour Name	(Printed or typed)	The state of the s
160 Hidden Hills Dr		
· ·	Address	
Ormond Beach, Florida City,	32174 State & Zip	
386-671-1293  Daytime T	elephone number	·
attynour@cfl.rr.com E-mail address: (to be used	d for future annual repor	t notification)

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 II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
3	142 S. Peninsula Dr		-	
	aytona Beach, FL 32118			
_				
ARTICLE III	DIIDDOSE		_	
	nich the corporation is organized is:		1	
	siness allowed by the laws of the S	State of Florida	Pr 1	
•	,		CORE LAH	anz:
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			مين ميد دن مين ميد دن	5
ARTICLE IV	SHARES			2
	es of stock is: One Thousand (1000) sh	nares of stock	"11	- I HAR
The Hamber of Ship	00 01 0100K IS. 0110 1110 00 0110 (1000) 01	iaroo or otook	STA LOR	
	INITIAL OFFICERS AND/OR DIRECTO		S AS	,
Name and Tit	le:George A. D. Nour, President		e: <b>&gt;</b>	
Address:	3142 S. Peninsula Dr			
	Daytona Beach, FL 32118			
Name and Tit	ile:	Name and Titl	e·	
Address:		Address:		
Name and Tit	u.	31 1000		
Address:	lle:	Name and Titt		
Addiças,				
ADTICI E VI	REGISTERED AGENT			
	rida street address (P.O. Box NOT acceptable)	of the registered ag	ent is:	
Name:	Ronald A. Nour		CIT 13.	
Address:	160 Hidden Hills Dr			
	Ormond Beach, FL 32174	<del></del>		
	,			
	INCORPORATOR			
Name:	ress of the Incorporator is:			
Address:	Ronald A_Nour 160 Hidden Hills Dr			
11001000	Ormond Beach, FL 32174			
Having been name	d as registered agent to accept service of prod	ess for the above si	tated corporation at the place designa	ated in
this certificate, I an	n familiar with and accept the appointment as i	registered agent and	agree to act in this capacity	
(	00000			
	Required Signature/Registered Agent		March 23, 2011	
	Required Signature/Registered Agent		Date	
l submit this docu	nent and affirm that the facts stated herein o	ire true. I am awar	e that the false information submitte	od in a
document to the De	partment of State constitutes a third degree fel	ony as provided for	in s.817.155, F.S.	u III U
		, F		
,	Long D. Nour		March 23, 2011	
	Paguired Cignoture/Incorporator	· · · · · · · · · · · · · · · · · · ·	Walter 25, 2011	