

P12000058596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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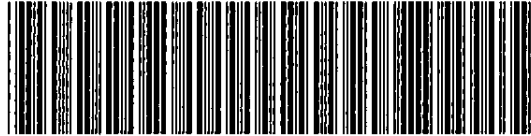
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 29 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Buren JUL 2 2012

COVER LETTER

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

SUBJECT: **DDD CONCESSION 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: **CHARLES D BLALOCK**

Name (Printed or typed)

1007 FAIRWINDS CR SUITE 207

Address

PLANI CITY FL 33563

City, State & Zip

813-361-6060

Daytime Telephone number

cha.tampa@verizon.net

E-mail address: (to be used for future annual report 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 I NAME DDD CONCESSION INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

6805 W KNIGHTS GRIFFIN RD
PLANT CITY FL 33565

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GENERAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELISSA J DAVIS PRESIDENT
Address: 6805 W KNIGHTS GRIFFIN RD
PLANT CITY FL 33565

Name and Title: _____
Address: _____

Name and Title: PAULA REDD SECRETARY &
Address: TREASURER
8002 PIERCE HARWELL RD
PLANT CITY FL 33565

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CHARLES D BLALOCK
Address: 1007 FAIRWINDS CR #207
PLANT CITY, FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULA D REDD
Address: 8002 PIERCE HARWELL RD
PLANT CITY FL 33565

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

Required Signature/Registered Agent

6-26-12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Paula D Redd
Required Signature/Incorporator

6-26-12
Date

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TALLAHASSEE, FLORIDA