Place	059996
(Requestor's Name) (Address) (Address)	900237176989
(City/State/Zip/Phone #)	07/10/1201002006 **78.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	HEOLIVED 12 JUL -9 PH 4: 11 SECRETARY OF STATE TALLATIASSEE, FLORIDA
Office Use Only	ELINITE PH 4: 34

IA

COVER LETTER

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

In TeresTS Inc SUBJECT: CLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee & Certificate of Status

[] \$78.75	\$87.50
LFiling Fee	\$87.50 Filing Fee.
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL C	OPY REQUIRED

Orvill E. Bontrager Name (Printed or typed) FROM:

307 Saint Angelo Rd

Tallahassee FL 32312 City, State & Zip

850 212 0210 Davime Telephone number

Virginian @ Hotmail - com E-mail address: (to be used for future annual report notification)

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

· July 9 2012

I Orvill E Boxtrager am the Owner of the disrolved corporation. I am not going to reinstate and want to use name for a new corporation.

All's Bother

ARTICLES OF INCORPORATION
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLEI NAME The name of the corporation shall be: OB Interests Interests Interests
ARTICLE II PRINCIPAL OFFICE
307 saina Angelo Id
Tallahassee Fl. 32312
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Operation of one or more mobile concession trailers
concession trailers
ARTICLE IV SHARES The number of shares of stock is: /000
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Orvill E Bontrager Name and Title: Address: Ites ident Vice President Address:
Name and Title: Tanya M. Kushneruk Name and Title:
Address: <u>307/ Saint Angelo Ro</u> Tallakessee F1 32312 Vice Pres - Marketing
Name and Title: Mason H. Bontvager Name and Title:
2009, Wood bine Dri Tallahassee Fl. 32309
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: <u>Silphanie Kipn</u>
Address: <u>7289 Wordbine Dr.</u> Tallahassere, Fr. 32309

ARTICLE VII INCORPORATOR

Т

he name and addres	s of the Incorporator is:
Name:	ON'IL E BONTRAGER
Address:	907 Saint Angeld Rd
	Tallaharsee Fl. 32312

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

July 9, 2012

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.

Required Signature/Incorporator

<u>Suly6 2012</u> Date