

P/4000017715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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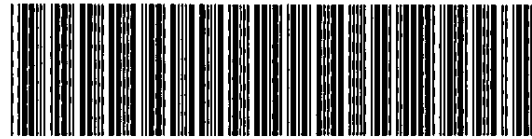
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLS CHURCH, VA
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

K 02/26/14

COVER LETTER

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

SUBJECT: Liberty 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: PAUL PRINCIPATO
Name (Printed or typed)

125 COLONIAL STREET SE
Address

Fort Charlotte, Florida 33952
City, State & Zip

(941) 764-1893
Daytime Telephone number

PRINCIPATO@EARTHWINK.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

The name of the corporation shall be: LIBERTY CONCESSIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

125 COLONIAL STREET SE
PORT CHARLOTTE, FL 33952

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A FIRM THAT OPERATES A BUSINESS
WITH THE PREMISES BELONGING TO ANOTHER UNDER A CONCESSION
AS A SELLER OF GOODS OR SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL PRINCIPATO, (PRES) Name and Title: _____

Address 125 COLONIAL STREET SE Address: _____
PORT CHARLOTTE, FL 33952

Name and Title: MARIANNE PRINCIPATO (V.P.) Name and Title: _____

Address 125 COLONIAL STREET SE Address: _____
PORT CHARLOTTE, FL 33952

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ALLIANCE FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PAUL PRINCIPATO
Address: 125 COLONIAL STREET SE
Port Charlotte, Florida 33952

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MAR 10 2014
TALLAHASSEE, FLORIDA
14 FEB 25 PM 3:46

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL PRINCIPATO
Address: 125 COLONIAL STREET SE
Port Charlotte, FL 33952

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

Paul Principato

Required Signature/Registered Agent

2/22/14
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.

Paul Principato

Required Signature/Incorporator

2/22/14
Date