

PIA000078981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

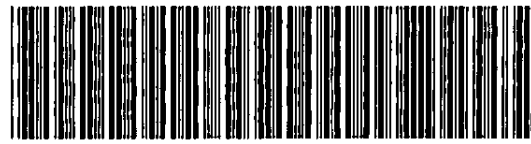
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/23/14--01004--007 \*\*70.00

14 SEP 23 AM 10:25  
STATE  
FILING OFFICE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: NICOLODI 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM: CHARLES D BLALOCK**  
Name (Printed or typed)

**1007 FAIRWINDS CR #207**  
Address

**PLANT 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**  
The name of the corporation shall be: NICOLODI CONCESSIONS INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 3312 CHARLIE TAYLOR 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:	<u>ROSEMARY N HENRY</u>	Name and Title:	<u>PRESIDENT</u>
Address	<u>3312 CHARLIE TAYLOR RD</u> <u>PLANT CITY, FL 33565</u>	Address:	_____

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

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

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TALLAHASSEE FLORIDA

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: ROSEMARY N HENRY  
 Address: 3312 CHARLIE TAYLOR RD  
PLANT CITY FL 33565

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROSEMARY N HENRY  
 Address: 3312 CHARLIE TAYLOR 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*

Rosemary Henry  
 Required Signature/Registered Agent

9-19-2014  
 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.*

Rosemary Henry  
 Required Signature/Incorporator

9-19-2014  
 Date