

PIA000078981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

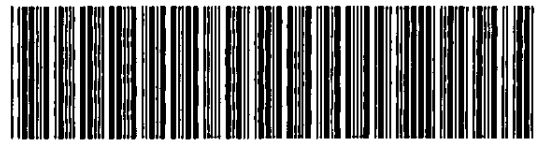
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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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
ADDITIONAL COPY REQUIRED	

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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COUNTY CLERK
HILLSBORO, 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