

11/21/2017

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215-977-9313

BUREAU OF REVENUE

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2nd Request

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Please file as per 13th

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To:

Division of Corporations
Fax Number : (950) 617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

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FLO

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION**Great American Franchise Expo, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

N. SAMS

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11/13/2017

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: Great American Franchise Expo, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address
12601 Old Cutler Road
Coral Gables, FL 33156Mailing address, if different is:
12601 Old Cutler Road
Coral Gables, FL 33156**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Trade show production and marketing

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nick Neonakis, Director

Address: 12601 Old Cutler Road
Coral Gables, FL 33156

Name and Title: Nick Neonakis, President

Address: 12601 Old Cutler Road
Coral Gables, FL 33156

Name and Title: Nick Neonakis, Secretary

Address: 12601 Old Cutler Road
Coral Gables, FL 33156

Name and Title: Nick Neonakis, Treasurer

Address: 12601 Old Cutler Road
Coral Gables, FL 33156

Name and Title:

Address:

Name and Title:

Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nick Neonakis
Address: 12601 Old Cutler Road
Coral Gables, FL 33156

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

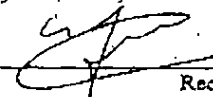
Name: Nick Neonakis
Address: 12601 Old Cutler Road
Coral Gables, FL 33156

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

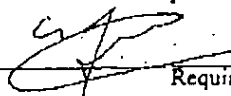


Required Signature/Registered Agent

11/10/17

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.



Required Signature/Incorporator

11/10/17

Date