P22000047912

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



500381747315

2022 JUN 13 AM II: 44

RECFIVED

SEGRETARY OF SALES

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 738775 7977112

AUTHORIZATION : COST LIMIT : \$ 78.75

COST LIMIT : \$ 78.75

ORDER DATE : June 13, 2022

ORDER TIME : 10:20 AM

ORDER NO. : 738775-005

CUSTOMER NO: 7977112

DOMESTIC FILING

NAME: MCG CONSESSIONS INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

ARTICLES OF ORGANIZATION

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

_ CERTIFIED COPY _ PLAIN STAMPED COPY

EXAMINER'S INITIALS:

DocuSign Envelope ID: 48550A28-B34C-4263-86B9-2C1229A53BA6

COVER LETTER

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

| SUBJECT: MCB C | Concessions Inc. | | |
|----------------------|----------------------------------|----------------------------|---------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | d a check for: |
| | | | |
| □ \$70.00 | ☑ \$78.75 | □ \$78.75 | □ \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| - | & Certificate of Status | & Certified Copy | Certified Copy |
| | | | & Certificate of |
| | | | Status |
| | | ADDITIONAL COPY REQUIRED | |
| | | | - |
| | | | |
| | | | |
| FROM: Ch | ristopher R. O'Brien, Esq. | | |
| | Name | (Printed or typed) | |
| | | | |
| 904 | 5 Strada Stell Court, 4th Fl | | |
| | , | Address | |
| | | | |
| <u>Na</u> | oles, FL 34109 | | |
| | City, | State & Zip | |
| 220 | 205 4070 | | |
| 239 | -325-4070 | -1 | |
| | Daytime 1 | elephone number | |
| cohi | rien@lawfirmnaples.com | | |
| | F-mail address: (to be used | for future annual report n | otification) |

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)

| ATICLE II DAINGINAL OFFICE | sions Inc. | |
|--|--|-------------|
| RTICLE II PRINCIPAL OFFICE Principal street address | Mailing address, if different is: | |
| 301 Gulf Shore Blvd N | | |
| aples FL 34102 | | |
| | | _ |
| RTICLE III PURPOSE | | |
| the purpose for which the corporation is organized is: | Operate concession stand and offer beach | _ |
| | recreational rentals. | |
| | | _ |
| | | |
| | | _ |
| | | |
| | 20 0 | |
| | 72 | |
| | | |
| | SEALLAHAS | F ** |
| RTICLE IV SHARES | (ので) | j |
| ne number of shares of stock is: 1,000 | | (C |
| DITICLE 1/ INITIAL AFFICEDS AND/AD DIDE | | VE. |
| RTICLE V INITIAL OFFICERS AND/OR DIRE | | |
| Name and Title: Michael Bono, Preside | Name and Title: | _ |
| Address 2180 Frederick St | Address: | _ |
| Naples, FL 34112 | | |
| 14apies, 1 E 04112 | | _ |
| | | _ |
| | | |
| Name and Title: | Name and Title: | |
| Address | Address: | _ |
| | | |
| | | _ |
| | | _ |
| | | |
| Name and Title: | Name and Title: | _ |
| | Address: | |
| Address | Address: | |

| Name | and Title: | Name and Title: | |
|--------------------|--|---|----------------------|
| Addre | <u> </u> | Address: | |
| | | | |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | WWMR Statutory Agent, LLC | _ | |
| Address: | 9045 Strada Stell Court, 4th Floor | _ | - 2 |
| | Naples, FL 31409 | - - | ال 1022 كا مام |
| <u>ARTICLE VII</u> | <u>INCORPORATOR</u> | i. | 2022 JUN 13 PH 4: 04 |
| The name and | address of the Incorporator is: |) (| 2 |
| Name: | Michael Bono | - - | |
| Address: | 2180 Frederick St | _ | P |
| | Naples, FL 34112 | - | |
| Effective date, i | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot | . (OPTIONAL) ot be more than five days prior or 90 da | ys after the |
| | te inserted in this block does not meet the applicable effective date on the Department of State's records. | | ll not be listed as |
| | med as registered agent to accept service of process f familiar with and accept the appointment as register | | designated in this |
| | | 6/10 | 122 |
| | Required/Signature/Registered Agent | | Date |
| I submit this do | cument and offirm that the facts stated herein are Department of State constitutes a third degree felon | true. I am aware that the false informati y as provided for in s.817.155, F.S. | on submitted in a |
| Michael B | ono | 6/10/202 | 2 |
| Required Signal | ure/Incorporator | Date | |