Requestor's Name Mickey **DISTRIBUTORS** City/S P.O. Box 312 Office Use Only Oldsmar, Florida 34677 CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Photocopy Certificate of Status NEW FILINGS AMENDMENTS # Profit Amendment NonProfit Resignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/ **AQUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement UAN 3 1 1997 Trademark Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 10, 1996

MAXWELL FREYMULLER P O BOX 312 OLDSMAR, FL 34677

SUBJECT: MICKEY'S SNACKS & CONCESSION SUPPLY, CO.

Ref. Number: W96000025814

We have received your document for MICKEY'S SNACKS & CONCESSION SUPPLY, CO., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

The corporate fees are as follows:

CORPORATIONS FILING FEES

Profit and NonProfit Florida & Foreign Corp.

Florida & Foreign Con

Filing Fees Registered Agent

\$35.

\$35.

Designation Certifed Copy Total Fee Due

\$52.50 \$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 296A00055072

ARTICLES OF INCORPORATION

FILED
97 JAN 27 PM 3' 14
SECKE LARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MICKEY'S SNACKS & Concession
Supply, co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

518 St. Petersburg Dr. > Place Oldsmar, FL. 34677

P.O. Box 312 Oldsmar, Fl. 34677 ARTICLE III SHARES > MAILING BORGOA

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MAXWELL FREYMULLER

518 St. Petersburg Dr. Oldsmar, FL. 34677

ARTICLE V . INCORPORATOR(S).

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MAXWELL FREYMULLER 518 St. Petersburg Dr. Oldsmar, Fl. 34677

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3 Poly of December, 1996.

(An additional article must be added if an effective date is requested.)

Signature
Signature

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

97 JAN 27 PH 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	MICKEY'S SNACKS &
	CONCESSION SUPPLY CO.
2. The name and address of the registered agent and office is:	
MAXWELL FREY MULLER	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
0/9	5 mar FL. 34677

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ma Fymle 12/3./96
(SIGNATURE) (DATE)