# TRANSMITTAL LETTER

P01000165915

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

**SUBJECT:** SNOWCAP PRODUCTS, Inc.
(Proposed corporate name - must include suffix)

000004577910--5
-09/10/01--01078--001
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

| | | | |
|---|---|---|---|
| ☐ $70.00 Filing Fee | ☒ $78.75 Filing Fee & Certificate | ☐ $122.50 Filing Fee & Certified Copy | ☐ $131.25 Filing Fee, Certified Copy & Certificate |

**ADDITIONAL COPY REQUIRED**

FROM: Mark E. Haddox
Name (Printed or typed)

Rt. 17 Box 1631
P.O. Box 3175
Address

Lake City, Florida 32055
City, State & Zip

1-866-752-7289
Daytime Telephone number

FILED
01 SEP 10 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. BULLOCK NOV 02 2001

**NOTE: Please provide the original and one copy of the articles.**

(6)

L01-21202

Send Back by
Oct 25th

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 12, 2001

MARK E HADDOX
PO BOX 3175
LAKE CITY, FL 32055

SUBJECT: SNOWCAP PRODUCTS, INC.
Ref. Number: W01000021202

We have received your document for SNOWCAP PRODUCTS, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved corporation or limited liability company. The name of a voluntarily dissolved Florida corporation or limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved entity provides the Department of State with a notarized affidavit, stating they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the original and one copy of 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 (850) 245-6926.

Gina Bullock
Document Specialist
New Filing Section

Letter Number: 201A00051248

Gina,
Please re-submit
Thanks
Mark

# ARTICLES OF INCORPORATION

*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.*

FILED
01 SEP 10 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

SNOWCAP PRODUCTS, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

Rt. 17 Box 1631
P.O. Box 3175
Lake City, FL 32055

## ARTICLE III SHARES

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

1000 shares

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Bobbie E. Haddox
Rt. 17 Box 1631
Lake City FL 32055

## 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):

Mark E. Haddox
Rt. 17 Box 1631
P.O. Box 3175
Lake City FL 32055

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

6 day of September, 19 2001.

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

Mark E. Haddox Signature

Signature

Signature

**Notarization is not required**

**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

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 SNOWCAP PRODUCTS, Inc.

2. The name and address of the registered agent and office is:

Bobbie E. Haddox
(NAME)

Rt. 17 Box 1631
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lake City, Florida 32055
(CITY/STATE/ZIP)

FILED
01 SEP 10 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*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.*

Bobbie Haddox
(SIGNATURE)

September 6, 2001
(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**