

NIS000003013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

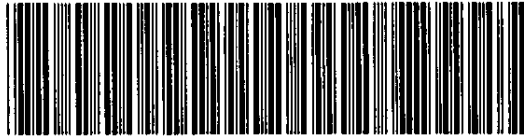
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/23/15--01010--011 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 23 AM 8:57

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**COVER LETTER**

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

SUBJECT: 10-24: FIRE N ICE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: TINA LEMAN  
Name (Printed or typed)

815 HISTORIC GOLDSBORO BLVD  
Address

SANFORD, FLORIDA, 32771  
City, State & Zip

407-688-5070 x6006  
Daytime Telephone number

TINA.LEMAN@SANFORDFL.GOV  
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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: 10-24 FIRE N ICE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

815 HISTORIC GOLDSBORO BLD  
SANFORD, FL 32771

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROMOTE WELL BEING IN PUBLIC SAFETY  
PROFESSIONALS VIA SPECIAL EVENTS, SPECIALIZED TRAINING, AND  
FUNDRAISERS, WHILE ALSO ASSISTING THESE PROFESSIONALS IN MANAGING  
TRAUMATIC STRESS. WITH FUNDS RAISED.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: BY VOTE

OF CURRENT BOARD

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TINA LEMAN, DIRECTOR

Name and Title: \_\_\_\_\_

Address: 815 HISTORIC GOLDSBORO BL

Address: \_\_\_\_\_

SANFORD, FL 32771

Name and Title: MARK DIBONA, DIRECTOR

Name and Title: \_\_\_\_\_

Address: 380 LAKE LENELLE DR

Address: \_\_\_\_\_

CHULUOTA, FL 32766

Name and Title: SCOTT LEMAN, DIRECTOR

Name and Title: \_\_\_\_\_

Address: 625 WILSHIRE DR

Address: \_\_\_\_\_

CASSELBERRY, FL 32707

STATE TALLY OF STAMPS  
TALLahassee FLORIDA

15 MAR 23 AM 8:57

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: TINA M LEMAN

Address: 815 HISTORIC GOLDSBORO BL  
SANFORD, FL 32771

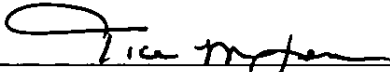
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TINA M LEMAN

Address: 815 HISTORIC GOLDSBORO BL  
SANFORD, FL 32771

*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 of Registered Agent

3-20-15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

3-20-15

Date

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE