

NIS000003013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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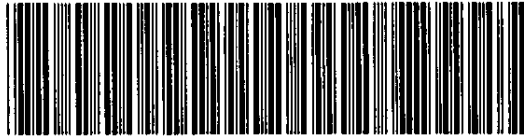
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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

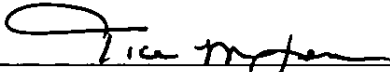
ARTICLE VII INCORPORATOR

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