

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000009043 3)))



H200000090433ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160900017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ICONOCLAST, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

*PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
F 1/8/20***

RECEIVED
20 JAN -9 PM 3:51
TALLAHASSEE, FL 32309

RECEIVED
2020 JAN -9 AM 9:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32309

850-617-6381

1/9/2020 8:54:21 AM PAGE 1/002 Fax Server

January 9, 2020

CAPITOL SERVICES, INC.

SUBJECT: ICONCLAST, INC.
REF: W20000001844

We have received your document for ICONCLAST, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):
A recent audit of our records has discovered the business entity filed in this office as a limited liability company contains an unacceptable limited liability company indicator.

The purpose of this letter is to advise of this error and to let you know the document was accepted in error.

At this point, we are asking for clarification as to whether you want to be a limited liability company or were you trying to form a corporation.

If a limited liability company is the desired end result, please reply giving this office an acceptable indicator, such as Limited Liability Company, L.L.C. or LLC. We will then correct the record.

If a corporation is the desired end result, please reply advising this office of your wishes. The original filing will be marked as 'Filed in Error' and a refund will be issued to the credit card that paid for this filing. You will then need to return to our website and choose the 'New Florida Profit Corporation' filing option under our 'Filing Services' menu and start the process again.

We apologize for any inconvenience this may cause but our ultimate goal is accurate records.

If you have any questions, please feel free to contact us.

Keyna E Page
Division of Corporations

850-617-6381

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850-245-6052

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 (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H20000008177
Letter Number: 820A00000553

COVER LETTER

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

SUBJECT: Iconoclast, 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: Jennifer A. Watkins

Name (Printed or typed)

251 Royal Palm Way Suite 215

Address

Palm Beach FL 33480

City, State & Zip

561 659 8663

Daytime Telephone number

stew.harris@nelsonmullins.com

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 NAMEThe name of the corporation shall be: Iconoclast, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

350 E Las Olas Blvd.#1600Fort Lauderdale FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purposes for which the Corporation is organized are exclusively religious,
charitable, scientific, literary, and educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 or the
corresponding provision of any future United States Internal Revenue law. In the event of dissolution, the residual assets of the
organization will be turned over to no less than three (3) or more organizations which themselves are exempt as organizations
described in Section 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1986, as amended, or corresponding provisions of any
future United States Internal Revenue law, or to the federal, state, or local government for a public purpose. Any such assets not so
disposed of in the circuit court of the county in which the principal office of the Corporation is then located, exclusively for such

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Robert J. Bergmann, DirectorName and Title: Elizabeth A. Bergmann, DirectorAddress: 5307 Pimlico DriveAddress: 725 Harbour Post Dr., #2406Tallahassee, FL 32309Tampa, FL 33602Name and Title: Zachary Kobrin, Director

Name and Title: _____

Address: 350 E Las Olas Blvd #1600

Address: _____

Fort Lauderdale, FL 33301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Not For Profit Articles of Incorporation
Iconoclast, Inc.
Page 2

Article III Purpose - continued

purposes. The period of dissolution if permitted by law, shall be sixty (6) months from the date of occurrence of the determination to dissolve or dissolution by operation of law.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.

Address: 515 E. Park Avenue, Floor 2

Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe ~~name and address~~ of the Incorporator is:

Name: Stewart Harris

Address: 251 Royal Palm Way Suite 215

Palm Beach FL 33480

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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**Kim Tadlock*Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

Required Signature of Registered Agent

1/8/2020

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 §817.155, F.S.**Steve Harris*

Required Signature of Incorporator

1/8/20

Date