Po20003332

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

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for :
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	AUCE A. VA	HENTINE rinted or typed)	
	1240 BOCA	CLEGA IS	SLE
	ST PEXE BE.	ACH FL State & Zip	33706 748 8
seice	(727) 363 Daytime Te	-//05 elephone number	FILE FEB 25 1 CARTASSE
AUTHORIZATION BY PHONE TO CORRECT PAME DATE 2/28/0 2 DOG. EXAM Pale Who			PM 3: 18 RYJUF SHAFE SEEF FLORIDA

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: Subchapter - S / S Corp
The name of the corporation shall be:
ALI-OOPS, INC.
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
2531 4th STN. ST PETERS BURG, FL
The purpose for which the corporation is organized is: SCORP.
RETAIL STORE SELLING ICE CITCHING
RETAIL STORE SELLING ICE CREAM, DRINKS, NICK-NACKS, ETC.
ARTICLE IV SHARES The number of shares of stock is:
1,000
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):
ALICE ANN VALENTINE, PRES. 1240 BOCA CIEGA ISLE
1240 BOCA CIEGA ISLE
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ALICE ANN VALENTINE (240 BOLA (156 A TSA E
ARTICLE VI REGISTERED AGENT
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
ALICE ANN VALENTINE
1240 BOCA CIEGA ISEE ST PETE BUT FL 33706
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
AUCE ANN VAIENTINE 1240 BOCA CIEGA TSLE SILE STAND
1240 BOCA CIEGA TSLE THE TOWN

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
Alit Valet illas 12
Signature/Registered Agent Date
CH St/6V + -10-
Jeba2,02
Signature/Incorporator Date