

P03000024182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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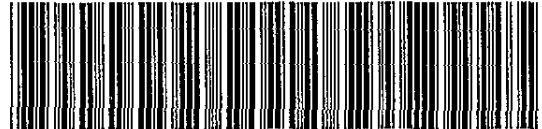
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: ICE HOUSE USA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: DOUGLAS P CONE  
Name (Printed or typed)

PO BOX 310167  
Address

TAMPA FL 33680  
City, State & Zip

(813) 623-2856  
Daytime Telephone number

**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:

ICE HOUSE USA, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5201 CONE ROAD  
TAMPA FL 33610

P O BOX 310167  
TAMPA FL 33680

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES OF ICE

## ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


DOUGLAS P CONE  
5201 CONE ROAD  
TAMPA FL 33610

## ARTICLE VII INCORPORATOR

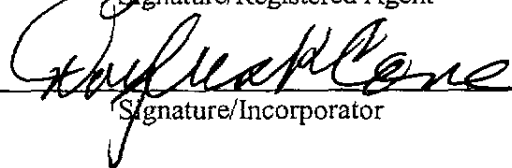
The name and address of the Incorporator is:

DOUGLAS P CONE  
5201 CONE ROAD  
TAMPA FL 33610

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

2/24/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/24/03  
\_\_\_\_\_  
Date

FILED  
03 FEB 27 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA