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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

03 AUG - 1 PM 1:10

FILED

W03-21779  
SL

## TRANSMITTAL LETTER

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

SUBJECT: HAWAIIAN SHAVED ICE 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: RAMIRO C PALMA  
Name (Printed or typed)

12045 SW 137 TERR  
Address

MIAMI FL 33186  
City, State & Zip

305-298-7666  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 1, 2003

RAMIRO C. PALMA  
12045 SW 137 TERR  
MIAMI, FL 33186

SUBJECT: HAWAIIAN SHAVED ICE INC.  
Ref. Number: W03000021779

We have received your document for HAWAIIAN SHAVED ICE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 245-6884.

Shawn Logan  
Document Specialist  
New Filings Section

Letter Number: 703A00044466

**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:

HAWAIIAN SHAVED ICE INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12045 SW 137 TERR MIAMI FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL SALES OF FOOD SNACK BAR

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

List name(s), address(es) and specific title(s):

TERESA PATTERSON 5921 SW 35 ST MIAMI FL 33155 (CP)  
RANICO C PALMA 12045 SW 137 TERR MIAMI FL 33186 (VP)  
KARLA V RUIZ 12045 SW 137 TERR MIAMI FL 33186 (S)

**ARTICLE VI REGISTERED AGENT**

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

KARLA V RUIZ 12045 SW 137 TERR MIAMI FL  
33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

RANICO C PALMA 12045 SW 137 TERR MIAMI FL  
33186

\*\*\*\*\*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

FILED  
03 AUG -1 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA