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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8/6

TRANSMITTAL LETTER

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

SUBJECT: Softy Freeze Cream Corporation
(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: Euribiades Cerrud II, Esquire
Name (Printed or typed)

Alvarez, Sambol, Winthrop & Madson, P.A.
Address

111 N. Orange Ave., Suite 2000, Orlando, Florida 32801
City, State & Zip

(407) 647-5142
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:

Softy Freeze Cream Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4450 Clabay Drive
Orlando, Florida 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general purpose for which the corporation is organized is the transaction of any or all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

| | |
|-------------|------------------------|
| P, VP, S, T | J. Emilio Rivera |
| | 4450 Clabay Drive |
| | Orlando, Florida 32837 |

ARTICLE VI REGISTERED AGENT

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

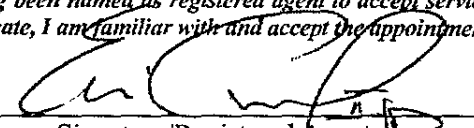
Euribiades Cerrud II, Esquire
111 North Orange Avenue
Suite 2000
Orlando, Florida 32801

ARTICLE VII INCORPORATOR

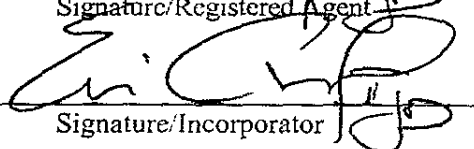
The name and address of the Incorporator is:

Euribiades Cerrud II, Esquire
111 North Orange Avenue
Suite 2000
Orlando, Florida 32801

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

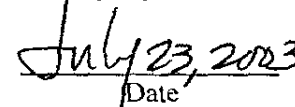


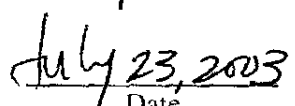
Signature/Registered Agent



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date


Date