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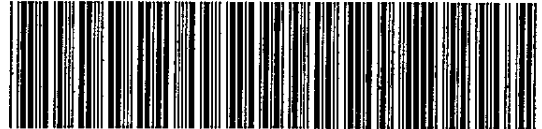
(Business Entity Name)

(Document Number)

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04 AUG -5 PM 3:57

FILED
SECRETARY OF STATE
DIVISION OF REVENUE

TRANSMITTAL LETTER

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

SUBJECT: Frozen Paradise Incorporated
(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: Samuel T. Wright
Name (Printed or typed)
607 Grand St
Address
Orlando, FL 32805
City, State & Zip
407-872-0061
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -5 PM 3:57

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

FROZEN PARADISE INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

FROZEN PARADISE, Inc.
607 GRAND ST.
ORLANDO, FL 32805

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS:

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED IS TO MARKET FROZEN BEVERAGES.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

LIST NAME(S), ADDRESS(ES) AND SPECIFIC TITLE(S):

SAMUEL THOMAS WRIGHT, DIRECTOR
607 GRAND ST.
ORLANDO, FL 32805

STELLA WRIGHT-PERRY, ASSISTANT DIRECTOR
2229 LEE STREET
BRUNSWICK, GA 31520

ARTICLE VI REGISTERED AGENT

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Samuel Thomas Wright
607 GRAND Street
ORLANDO, FL 32805

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Samuel Thomas Wright
607 GRAND Street
ORLANDO, FL 32805

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DESIGNED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN
THIS CAPACITY.

Samuel Wright

SIGNATURE/INCORPORATOR / REGISTERED AGENT

7-21-04

DATE

7-21-04

DATE