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Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 224-7047

2004 NOV - 4 AM 8:59  
DIVISION OF STATE  
TALLAHASSEE FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

## CHIPPED ICE, INC.

|                       |         |
|-----------------------|---------|
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**ARTICLES OF INCORPORATION**  
**OF**  
**CHIPPED ICE, INC.**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is **CHIPPED ICE, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business is and mailing address of the corporation is **4001 Santa Barbara Blvd., #241, Naples, FL 34104.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is two hundred (200) shares having no par value.

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**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Paul P. Pacchiana, Esq., 5425 Park Central Court, Naples, FL 34109.**

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator of these Articles of Incorporation is **Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

**ARTICLE VI: OFFICERS AND DIRECTORS**

The name and address of the initial Board of directors is **President: Peter L. Curcio, 4001 Santa Barbara Blvd., #241, Naples, FL 34104; Vice-President: Sverrir Hermannsson, 3790 Saw Grass Way, #3242, Naples, FL 34112; Secretary: Michelle Caulder, 4001 Santa Barbara Blvd., #241, Naples, FL 34104.**

**ARTICLE VII: INDEMNIFICATION**

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

The undersigned has executed these Articles of Incorporation this 4<sup>th</sup> day of November 2004.  
Your Capital Connection, Inc., by Stacey Piland, Client Representative

Stacey Piland

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Chipped Ice, Inc.
2. The name and street address of the registered agent of the corporation in the state of Florida is:

PAUL P. PACCHIANA  
5425 PARK CENTRAL COURT  
NAPLES, FLORIDA 34109

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: \_\_\_\_\_

  
Paul P. Pacchiana

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