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| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | siness Entity Nam  | e)        |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | Certificates       | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
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Office Use Only



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## TRANSMITTAL LETTER

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

| SUBJECT:                | H.N.I.C.                                     | Inc.                                      |   |               |
|-------------------------|--|---|---|---------------|
|                         | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>                | <u>ude suffix</u> )                                   |               |
|                         |  |   |   |               |
| Enclosed are an ori     | iginal and one (1) copy of the artic         | cles of incorporation and                 | a check for:  | İ             |
| □ \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75<br>Filing Fee<br>& Certified Copy | □ \$87.50 Filing Fee, Certified Copy & Certificate of |               |
|                         |  | ADDITIONAL CO                             | Status<br>PY REQUIRED                                 |               |
| FROM: _                 | AAKON B.                                     | BELLY (Printed or typed)                  |   | OS MAY 3      |
|                         | 3621 Fitzge                                  | add Stre                                  |   | ARY OF STATE  |
|                         | Jacksonville City,                           | F1 32257<br>State & Zip                   | <u></u>   | TATE<br>ATTOM |
|                         | 904 - 545 -<br>Daytime To                    | 4686<br>elephone 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 The name of the corporation shall be: I.C. Enterprise, Inc. The principal place of business/mailing address is: 3621 Fitzgerald Jackson ville, Fl ARTICLE III PURPOSE The purpose for which the corporation is organized is: Kecordina Label ARTICLE IV SHARES The number of shares of stock is: 10,000 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): AARON R. BERRY - CEP, COB, President 3621 Fitzgerald Street, Jacksonville, Fl 32254 Hombery F. Edwards - 4P 3621 Fitzgerald Street, Jacksonville, FI 30254 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Kimberly F Edwards 3621 Pitzgerald Street Jacksonville, FI 32254 <u>INCORPORATOR</u> The name and address of the Incorporator is: AARON K. BERRY 3621 FIFzgerald St. 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