

P07000108641

(Requestor's Name)

(Address)

(Address)

(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



800109801778

10/01/07--01012--029 \*\*87.50

FILED

07 OCT - 1 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/14

## COVER LETTER

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

SUBJECT: ARCTIC BEVERAGE 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: RYAN GOULDING  
Name (Printed or typed)

155 REVERE DRIVE, SUITE 10  
Address

NORTHBROOK, IL 60062  
City, State & Zip

847-291-4161  
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

07 OCT -1 PM 4:17

## **ARTICLE I NAME**

The name of the corporation shall be:

**ARCTIC BEVERAGE CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1800 SECOND ST., SUITE 758  
SARASOTA, FL 34236

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH  
CORPORATIONS MAY BE INCORPORATED IN THE STATE OF FLORIDA

## **ARTICLE IV SHARES**

The number of shares of stock is:

100,000,000

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

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

FILED

07 OCT -1 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

DR. HARVEY ALTHOLTZ  
1800 SECOND ST., SUITE 758  
SARASOTA, FL 34236

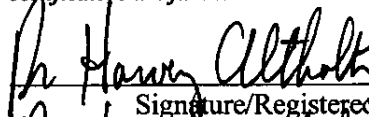
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

DR. HARVEY ALTHOLTZ  
1800 SECOND ST., SUITE 758  
SARASOTA, FL 34236

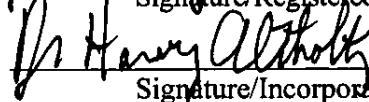
\*\*\*\*\*

*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

9/28/2007

\_\_\_\_\_  
Date

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

9/28/2007

\_\_\_\_\_  
Date