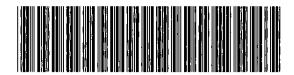


(Requestor's Name)				
(Address)				
(Address) '				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





04/25/08--01029--002 **70.00





COVER LETTER

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

SUBJECT:	SABRINA ITALIAN ICE CREAM INC (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>		
	(**************************************		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	SABRINA ITA Name	LIAN ICE CREAM e (Printed or typed)	IN C.
	8500 SW	133RD AVE. APT 411 Address	
		ł, FL. 33183-4586 y, State & Zíp	
	(3/	05) 877 180 9 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:

SABRINA ITALIAN ICE CREAM INC.

OB APR 25 PH 3:56

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

8500 SW 133RD AVE. APT 411 MIAMI, FLORIDA 33183-4586

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ITALIAN ICE CREAM DISTRIBUTION, RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: 2.500 STOCKS OF USD\$10.00 EACH = TO USD\$25.000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): WILLIAM R. TOBON

8500 SW 133RD AVE APT 411 MIAMI, FLORIDA 33183-4586

ARTICLE VI REGISTERED AGENT

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

WILLIAM R. TOBON 8500 SW 133RD AVE APT 411 MIAMI, FLORIDA 33183-4586

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SABRINA ITALIAN ICE CREAM INC. 8500 SW 133RD AVE APT 411 MIAMI, FLORIDA 33183-4586

***********	**********
Having been named as registered agent to accept service of process for th certificate, I am familiar with and accept the appointment as registered agen	
7.11, 2057	4/22/2008
Signature/Registered Agent	Date
Signature/Incorporator	4/22/2008.