

P08000073307

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

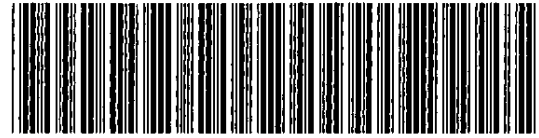
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
F07-648  
W08-28175

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06/08/08--01059--004 \*\*128.75

FILED  
2008 JUL 10 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROSTBYTE INTERACTIVE, INC.

ATX1

## TRANSMITTAL LETTER

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

**SUBJECT:** FROSTBYTE INTERACTIVE, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

128.75

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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**FROM:** JUSTIN GOSINE

Name (printed or typed)

7260 NW 25TH STREET, CMB # 4205

Address

MIAMI, FLORIDA 33122

City, State & Zip

954-662-5228

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2008

JUSTIN GOSINE  
7260 NW 26TH STREET  
CMB #4205  
MIAMI, FL 33122

SUBJECT: FROSTBYTE INTERACTIVE, INC.  
Ref. Number: W08000028175

We have received your document for FROSTBYTE INTERACTIVE, INC. and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Domestication must have an authorized signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 708A00035636

## CERTIFICATE OF DOMESTICATION

ATX1

The undersigned, JUSTIN GOSINE, DIRECTOR/OFFICER,  
(Name) (Title)

of FROSTBYTE INTERACTIVE, INC. a foreign corporation,  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was APRIL 16, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was TRINIDAD.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was FROSTBYTE INTERACTIVE, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is FROSTBYTE INTERACTIVE, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was  
TRINIDAD.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am JUSTIN GOSINE, of FROSTBYTE INTERACTIVE, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 26 day of APRIL, 2008.

Justin Gosine  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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2008 JUL 10 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FROSTBYTE INTERACTIVE, INC.

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

ATX1

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:  
FROSTBYTE INTERACTIVE, INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:  
OFFICE: 10661 NW 17TH PLACE, PLANTATION, FLORIDA 33322  
MAILING: 7260 NW 25TH STREET, CMB # 4205, MIAMI, FLORIDA 33122

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
ANY AND ALL BUSINESS DEEMED LEGAL IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:  
1000 AUTHORIZED.

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:  
NEIL GOSINE, DIRECTOR 7260 NW 25TH STREET, CMB # 4205, MIAMI, FLORIDA 33122  
TROY GOSINE, DIRECTOR 7260 NW 25TH STREET, CMB # 4205, MIAMI, FLORIDA 33122  
JUSTIN GOSINE, DIRECTOR/OFFICER 7260 NW 25TH STREET, CMB # 4205, MIAMI, FLORIDA 33122

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE ~~NAME AND FLORIDA STREET ADDRESS~~ (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:  
JUSTIN GOSINE  
10661 NW 17TH PLACE  
PLANTATION, FLORIDA 33322

**ARTICLE VII INCORPORATOR**

THE ~~NAME AND ADDRESS~~ OF THE INCORPORATOR IS:  
JUSTIN GOSINE  
7260 NW 25TH STREET, CMB # 4205, MIAMI, FLORIDA 33122

\*\*\*\*\*  
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 AM FAMILIAR WITH AND  
ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Justin Gosine  
Signature/Registered Agent

4/25/2008  
Date

Justin Gosine  
Signature/Incorporator

4/25/2008  
Date

FILED  
2008 JUL 10 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA