

P0800010 3234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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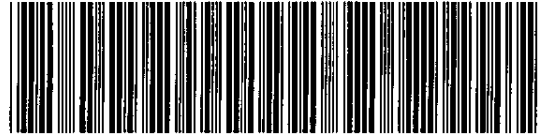
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ATLANTA, GA 30333

COVER LETTER

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

SUBJECT: Kimo's Hawaiian Shave Ice INC.
(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: James M. Boling
Name (Printed or typed)

11382 Stratham loop
Address

Esterd, FL 33928
City, State & Zip

239-289-9523
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)

ARTICLE I NAME

The name of the corporation shall be:

Kimo's Hawaiian Shave Ice Inc.

ARTICLE II PRINCIPAL OFFICE

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

11382 Stratham loop
Estero, FL 33928

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

transacting any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

500 @ 1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James BOLING, President/treasurer 11382 Stratham loop
Estero, FL 33928

Wayne BOLING, V. president
Secretary 15710 Blue Skies Dr.
N. Fort Myers, FL 33917

ARTICLE VI REGISTERED AGENT

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

James Boling
11382 Stratham loop Estero FL 33928

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Wayne Boling
15710 Blue Skies Dr. N. Ft. Myers FL 33917

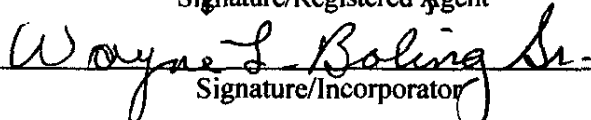
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11-16-08

Date



Signature/Incorporator

11/16/08

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA