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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE DIVISION OF CORPORATION

Office Use Only

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COVER LETTER

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

wath Mother

SUBJECT:	BILLY'S ICE	CREAM, IN	۵.
	(PROPOSED CORPORA	TE NAME — <u>MUST INCL</u>	ODE SUPPIX
\$70.00	.,,	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	WELLTAN Name 17719 SUNRTS	(
	LUTZ, FC City	Address	
	8/3 - 56. Daytime	2 - 19 FO Telephone number	

NOTE: Please provide the original and one copy of the articles.



May 14, 2009

WILLIAM MALCOLM 17719 SUNRISE DRIVE LUTZ, FL 33549

SUBJECT: BILLY'S ICE CREAM, INC.

Ref. Number: W09000022119

We have received your document for BILLY'S ICE CREAM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Submit one (1) set of completed articles of incorporation.

Please return the corrected original and one copy of 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) 245-6921.

Letter Number: 209A00015967

Maryanne Dickey Document Specialist Supervisor New Filing Section

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:

BILLY'S ICE CREAM, INC.

ARTICLE II PRINCIPAL OFFICE

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

17719 SUNRISE DRIVE LUTZ, FC. 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VENDENG OF FROZEN DESERTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM MALCOLA PRESIDENT 17719 SUNKISE DK. LUTZ, FC 33549

ARTICLE VI REGISTERED AGENT

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

WILLIAM MARCOLA 17719 SUNRISE PRILE LUTZ, FL. 33549

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM MAZCOLA 17719 SUNRISE DRECE LUTZ, FC 33549

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 Date

5/4/09

Date

5/4/09

Signature/Incorporator Date