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

Office Use Only



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SECHELATIC OF STATE



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COVER LETTER

Department of State

New Filing Section

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

Tallahassee, FL 32314				
SUBJECT: ICE Berg Gri	sup Inc			
(PROPOSED CORPORA)	FE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Noel Pur	(Printed or typed)			
19130 nw 1th Ave				
Muanu FC 33169 City, State & Zip				
(305) 803-354	46			
Daytime Telephone number Ceberagoup (D) Jahov. Com E-mail address: (to be used for future annual report notification)				

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 N. The name of the corpo	AME pration shall be: Ice Borg	Group, In	C
ARTICLE II PI	Principal office Principal street address 130 TW 11 Avanua 130 TW 3369		address, if different is: WII AVENUE FC 33169
- ·	h the corporation is organized is:		
equipmen	ts.		
The number of shares			
Name and Title: Address:	MITIAL OFFICERS AND/OR DIRECTOR NOEL PURCHAS WEST 19130 YW 11 Avenue Mann, Fc 33169	S. Name and Title: Address:	
Name and Title: Address:		Name and Title: Address:	
Name and Title: Address:		Name and Title: Address:	SECHETINASS
	EGISTERED AGENT a street address (RO. Box NOT acceptable) of NOEL FUNCTIONS 19130 NW 11 Avenue mam, FL 33169	the registered agent is:	8 PM 2: 15
ARTICLE VII IN The name and address Name: Address:	CORPORATOR s of the Incorporator is: NOCH Purchas 19130, NW 11 Avenu mam, F. 33167	L	
Having been named a this certificate, I am fa	is registered agent to accept service of process miliar with aptifaccept the appointment as regi	for the above stated corposistered agent and agree to a	act in this capacity
I submit this document	Recurred Signature/Registered Agent nt and affirm that the facts stated herein are	true I am aware that the	10/12/010 Date False information submitted in a
	that the facts stated herein are third degree felony		55, F.S.
	Required Signature/Incorporator		/8 /12/010 Date