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COVER LETTER

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

SUBJECT: NATURAL ICE CORP	•	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: JAIME ANDRADE CRUZ Nam	z e (Printed or typed)	
208 WASHIGTON AVE	NUE	
HOMESTEAD, FL 3303	Address 30 , State & Zip	
214-734-1069 Daytime 1	Telephone number	
naturalmich@hotmail.co E-mail address: (to be use	om ed 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 The name of the	NAME NATURAL ICE CORP.		
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:	
	208 WASHIGTON AVENUE		
	HOMESTEAD, FL 33030		
ARTICLE III	PURPOSE		
The purpose fo	r which the corporation is organized is:		
ANY AND	ALL LAWFÜL BUSINESS		
ARTICLE IV			
The number of s	shares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	s	
Name and	Title: JAIME ANDRADE CRUZ, (P)	Name and Title:	15.1.
Address:	208 WASHIGTON AVENUE		
	HOMESTEAD, FL 33030		
Name and	d Title: AMALIA PULIDO ANDRADE (VP)	Name and Title:	
Address:	208 WASHIGTON AVENUE	Address:	
	HOMESTEAD, FL 33030	_	
Name and	l Title:		· · · · · · · · · · · · · · · · · · ·
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name</u> and	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	JAIME ANDRADE CRUZ	_	
Address:	208 WASHIGTON AVENUE HOMESTEAD, FL 33030	<u>.</u> _	
ARTICLE VI	I INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	JAIME ANDRADE CRUZ	-	
Address:	208 WASHIGTON AVENUE HOMESTEAD,FL 33030	- -	
Having been no	amed as registered agent to accept service of process	for the above stated corpor	ation at the place designated in
this certificate, i	I am familiar with and gecept the appointment as regi	istered agent and agree to act	t in this capacity
,	In flerance of the second		03/30/11 Date
	Required Signature/Registered Agent		Date
I submit this do	ocument and affirm that the facts stated herein are	true. I am aware that the fi	alse information submitted in a
	e Department of State obtistitutes a third degree felony		5. F.S.
			03/30/1/ Date
	Required Signature/Incorporator		Date
7	/ Julius and million of monthornor		//