

P110000064630

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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07/05/11--01038--018 **78.75

W11-35844

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL 18 PM 4:36

FILED

T. Burch JUL 19 2011

COVER LETTER

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

SUBJECT: Iscream Ice Cream, 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: Oona Reyna

Name (Printed or typed)

P O Box 331

Address

Immokalee, Florida 34143

City, State & Zip

239-872-6147

Daytime Telephone number

ofreyna@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL 18 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 6, 2011

OONA REYNA
PO BOX 331
IMMOKALEE, FL 34143

SUBJECT: ISCREAM ICE CREAM, INC.
Ref. Number: W11000035844

We have received your document for ISCREAM ICE CREAM, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 411A00016108

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:

Los Tres Ninos, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

161 Thornton Avenue

Lehigh Acres, Florida 33974

Mailing address, if different is:

P O Box 331

Immokalee, Florida 34143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Oona Reyna-Rodriguez, Incorporator

Address: P O Box 331

Immokalee, Florida 34143

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Oona Reyna-Rodriguez

Address: 161 Thornton Avenue

Lehigh Acres, Florida 33974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oona Reyna-Rodriguez

Address: P O Box 331

Immokalee, Florida 34143

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

Oona Reyna

Required Signature/Registered Agent

6/30/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Oona Reyna

Required Signature/Incorporator

6/30/11

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA