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☐ PICK-UP	☐ WAIT	MAIL
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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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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

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RECEIVED 12 MAR 20 AM 10: 15

FLORIDA DEPARTMENT OF STATE TALLAHASSEE. FLORIDA Division of Corporations

March 8, 2012

KELLY A MURRAY 409 E MARTIN ST KISSIMMEE, FL 34744

SUBJECT: GALACTIC FREEZE, INC.

Ref. Number: W12000013524

We have received your document for GALACTIC FREEZE, 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return 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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 712A00008854

## **COVER LETTER**

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

SUBJECT: Galactic Freeze Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	icles 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: <b>Kelly A Murray</b> Name	e (Printed or typed)
409 E Martin St.	Address
Kissimmee, Florida 347	'44 State & Zip
321-443-2054  Daytime T	Celephone number
kelly@allbrightcustoming E-mail address: (to be use	C.COM d for future annual report notification)

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

March 14, 2012

To Whom it may concern:

I Donald Stevens, Jr. am familiar with and accept the responsibilities of Registered Agent. Any questions call me at 321-624-4375.

Thank You, \_

Donald Stevens, Jr. 409 E Martin St.

Kissimmee, FL 34744

ARTICLES OF INCORPORATION ofit) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: 12 MAR 20 PM 1: 43 ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 409 E Martin St. Kissimmee, Fl 34744 Same ARTICLE III PURPOSE The purpose for which the corporation is organized is: To prepare and make liquid nitrogen Ice Cream ARTICLE IV SHARES The number of shares of stock is:100 INITIAL OFFICERS AND/OR DIRECTORS \_\_\_ Name and Title: Name and Title: Kelly A. Murray 409 E. Martin St. Address: Address: Kissimmee, Fl 34744 President Name and Title: Donald R. Stevens Jr. Name and Title: Address: 409 E. Martin St. Address: Kissimmee, Fl 34744 Vice-President \_ Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: DONALD STEVENS Address: 409 E. Martin St KISS: MMEE, FLA. ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Kelly A. Murray Address: 409 E Martin St. Kissimmee, FI 34744 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 familia) with and accept the appointment as registered agent and agree to act in this capacity 3-14,2012 Required Signature/Registered Agent 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.

Required Signature/Inograporator 03-05-2012

Date