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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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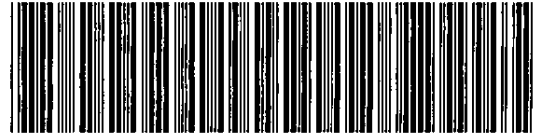
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/12/12

COVER LETTER

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

SUBJECT: ICE CREAM PALACE EATS AND TREATS CORP
(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: JoAn L Baughman

Name (Printed or typed)

31 Swimming Pen Drive

Address

Middleburg, FL 32068

City, State & Zip

904-269-9470

Daytime Telephone number

baug2012@yahoo.com

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

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

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME ICE CREAM PALACE EATS AND TREATS CORP.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address
7906 GREELAND AVENUE
JACKSONVILLE, FL 32210

Mailing address, if different is:
31 SWIMMING PEN DRIVE
MIDDLEBURG, FL 32068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
FOR THE SALE OF ICE CREAM AND RELATED PRODUCTS TO IT'S CUSTOMERS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: <u>JoAn L Baughman, Pres.</u> | Name and Title: _____ |
| Address: <u>31 Swimming Pen Drive</u> | Address: _____ |
| <u>Middleburg, FL 32068</u> | _____ |
| _____ | _____ |

| | |
|---|-----------------------|
| Name and Title: <u>Bryan L Kelly, Sr., V Pres</u> | Name and Title: _____ |
| Address: <u>8331 ThreeCreek Blvd</u> | Address: _____ |
| <u>Jacksonville, FL 32220</u> | _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| 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: JoAn L Baughman
Address: 31 Swimming Pen Drive
Middleburg, FL 32068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JoAn L Baughman
Address: 31 Swimming Pen Drive
Middleburg, FL 32068

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

JoAn L Baughman
Required Signature/Registered Agent

07/09/2012
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.

JoAn L Baughman
Required Signature/Incorporator

07/09/2010
Date