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COVER LETTER

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

SUBJECT: Heavenly Frozen Treats, Inc. (PROPOSED CORPORATE NAME - MUST INCLUI	DE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation and a \$70.00	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Danielle Greene Name (Printed or typed)	SECRE 12 AUG
1531 NW 173rd Terr	
Miami Gardens, FL, 33169 City, State & Zip	AUG 13 PH 3: 52
305-322-7517 Daytime Telephone number	<u>~~~~</u>
Butterfly0618@juno.com E-mail address: (to be used for future annual report no	tification)

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)

FHFA

ARTICLE I NAME Heavenly Frozen Treats	SECRETARY OF STATE S, Inc SIVISION OF CORPORATIONS
The name of the corporation shall be:	SAMOUNT OF CONTUNATIONS
ARTICLE II PRINCIPAL OFFICE	12 AUG 13 PM 3: 52
Principal street address	Mailing address, if different is:
1531 NW 173rd Terr	Same
Suite 5 Miami Gardens, Fl 33169	
Wilding Gardens, Fi 33 109	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	annuing and found themse
Manufacture and sale of frozen drinks and other co	ommissary lood items.
ARTICLE IV SHARES The number of shares of stock is: 100 shares common stock	c no par value
The number of snares of stock is: Too stidles continion stock	t, no par value
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>ks</u>
Name and Title: Danielle N Greene, President	Name and Title: Tabatha R. English, Vice President
Address: <u>1531 NW 173 rd Terr</u>	
Suite 5	Miami, FL 33168
Miami Gardens, FL 33169	
Name and Title:	Name and Title:
Address:	

Name and Title:	Name and Title:
Address:	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name: Sharon Senior	_
Address: 1900 post rd_apt 214	_
Melbourne_FL_32935	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Danielle Greene, President	_
Address: 1531 NW 173 rd Terr Miami, FL 33169	-
Having been named as registered agent to accept service of process	
this certificate, I am familiar with and accept the appointment as reg	istered agent and agree to act in this capacity
	olalin
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/Incorporator