## 

(Requestor's Name)				
(Address)				
(Address)				
,				
(Cit	y/State/Zip/Phone	. <u></u>		
(Cit	y/Otate/Zip/r florie	; <del>#</del> )		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
•	,			
Cartified Canion	Cartificatos	of Ctatus		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
<u> </u>				





10/29/12-01015--021 \*\*78.75

## **COVER LETTER**

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

SUBJECT: HECT INCORPORATION	ON
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles 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: SHELLEY M. PHILLIPS Name	(Printed or typed)
7710 S.R 544 EAST	Address
WINTER HAVEN FLA 3	3881 State & Zip
321-228-9561  Daytime Te	elephone number
RAINDANCERC@AOL.C	COM 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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	7710 S.R 544 EAST	<del></del>	
7	WINTER HAVEN FLA 33881		
ARTICLE III	DIIDDAGE		
	/hich the corporation is organized is:		
ICE CREAM			Section 1
IOL CITEAIN	SHOP		29
			19 B
			<del></del>
			:
ARTICLE IV	SHARES		win win
he number of sha	res of stock is:100		
ARTICLE V			
	itle: SHELLEY PHILLIPS PRESDENT		
Address:		_ Address:	
	2862 MASTERPIECE RD		
	LAKE WALES FL 33898		
Name and T	HorDAMA L MANCO	Nama and Title:	
Address:	itle: DAMA L MAYES DIRECTOR		
Audress.	2862 MASTERPIECE RD		
	LAKE WALES 33898	<del></del>	
	TAVE MYEES 33636	<del></del>	
Name and T	itle: WILLIAM CHARLES PHILLIPS II	Name and Title:	
Address:	DIRECTOR	A dalamana	
	1505 N. 26TH TERRACE		
	HAINES CITY 33844		
			-
	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	SHELLEY PHILLIPS	-	
Address:	7710 S.R. 544 E	-	
	WINTER HAVEN FL 33881	-	
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	SHELL EY PHILLIPS		
Address:	7710 S.R. 544 E	•	
11001000	WINTER HAVEN FL 33881	=	
	THE TELL COUNTY	=	
Having been nam	ed as registered agent to accept service of process	for the above stated corp	poration at the place designated
	m familiar with and accept the appointment as regi		
	( )		•
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,	10/22/2012
	Required Signature (Registered Agent		Date
			water
submit this docu	ment and affirm that the facts stated herein are	true. I am aware that th	e false information submitted in
	epartment of State constitutes a third degree felony		
	· / )		
<i>\lambda</i> .	- 176 0.7		10/22/2012
	Paguinad Signation / Company	<del></del>	Date