Florida Department of State
Division of Corporations

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: DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168

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FLORIDA PROFIT/NON PROFIT CORPORATION Beach Snoballs of Tampa Bay, Inc

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Corporate Filing Menu

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No. 6273 P. 2

	ARTICLES OF INC	ORPORATION	FILED	
	ARTICLES OF INC In compliance with Chapter 607 an	d/or Chapter 621, F.S. (Profit)	FEB - I	PM 1: 11
ARTICLE I NAM The name of the corpora	Etion shall be: Beach Snoballs o	of Tampa Bay, Inc		100 pt 1 pt 100
ARTICLE II PRI	NCIPAL OFFICE	· ·	LAMASSE	e, flokida
5215 19th Ave	Principal street address	Mailing address, Same	ir dimerent is:	i
Gulfport, FI 3				
ARTICLE III PUR The purpose for which t	he corporation is organized is: 10 OPE	erate a retail busines	s	
and any othe	r legal business in the Sta	ate of Florida.		
	<u> </u>		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	·
		-		
			<u>·</u>	·
		**************************************	·	
	IRES stock is: 1000 shares of common	, .		
	September Howat Pres	Name and Title:		
Address	5215 19th Ave S	Address:		
Audios	Gulfport, FI 33707			
Name and Title	Amy Milko Sec/Tres	Name and Title:		
Address	5215 19th Ave S			
Address	Gulfport, Fl 33707	Address:		
		-	······································	
Name and Title:	<u></u>	Name and Title:		
Address		Address:		<u> </u>
			<u> </u>	

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FILED (conti.)

13 FEB - 1 PN 1: 11

Name a	and Title:	Name and Title:_	AALLANASSEE ELLRIDA
Addre	99	Address:	MALLAMOSEE, FLORIDA
ARTICLE VI The <u>name and</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agen	t is:
Name:	David C Hastings, CPA	_	
Address:	2207 54th St S	_	
	Gulfport, Fl 33707	_	
ARTICLE VI	I INCORPORATOR address of the Incorporator is:		
Name:	David C Hastings		
Address:	2207 54th St S		
, Louis odur	Gulfport, FI 33707	_	
Having been n this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	ess for the above state registered agent and i	ed corporation at the place designated i agree to act in this capacity
	12th		02/01/2013
	Required Signature Registered Agent	<u></u>	Date
	ocument and affirm that the facts stated herein as e Departm <u>en</u> t of State constituter a Myd degree fel		
	Otto		02/01/2013
	Required Signature/Incorporator		Date