

P14 00002449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

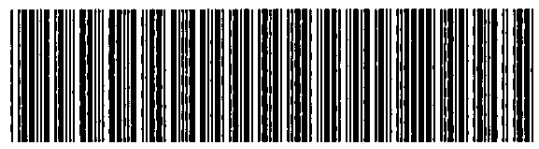
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/27/14--01009--005 \*\*78.75

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14 MAR 12 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WKA-17685

**COVER LETTER**

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

**SUBJECT: FABULOUS ICE CREAM FRANCHISING INC**  
**(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: IVON TORRES  
Name (Printed or typed)

18895 SW 220 STREET  
Address

MIAMI, FL 33170  
City, State & Zip

305-342-9107  
Daytime Telephone number

IVON@FABULOUSICECREAMCAFE.COM  
E-mail address: (to be used for future annual report notification)

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

3/14/14

CORPORATE DETAIL RECORD SCREEN

11:53 AM

NUMBER: W14000014685

REJECTED FILING

REJ: 03/06/2014

NAME : FABULOUS ICE CREAM FRANCHISING INC

SUBMIT BY: IVON TORRES

ADDRESS : 18895 SW 220 ST

MIAMI, FL 33170

USER ID : JAHICKMAN

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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

**ARTICLE I NAME** FABULOUS ICE CREAM FRANCHISING INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7106 SW 117 AVE  
MIAMI, FL 33183

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
FRANCHISE

**ARTICLE IV SHARES**

The number of shares of stock is: 300

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: IVON TORRES (P) Name and Title: \_\_\_\_\_  
Address: 18895 SW 220 STREET Address: \_\_\_\_\_  
MIAMI, FL 33183 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

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: JOSE A GALGUERA  
Address: 9820 SW 44 STREET  
MIAMI, FL 33165

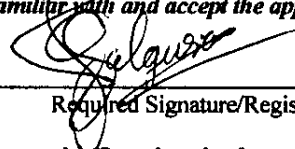
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IVON TORRES  
Address: 18895 SW 220 STREET  
MIAMI FL 33170

FILED  
14 MAR 12 AM 10:50  
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TALLAHASSEE FLORIDA

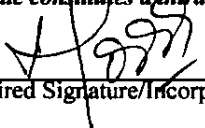
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02/24/2014  
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.



Required Signature/Incorporator

02/24/2014  
Date