

P14 00002449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

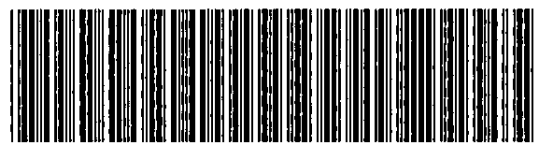
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

FILED
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
ADDITIONAL COPY REQUIRED	

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

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

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: <u>IVON TORRES (P)</u>	Name and Title: _____
Address: <u>18895 SW 220 STREET</u>	Address: _____
<u>MIAMI, FL 33183</u>	_____

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

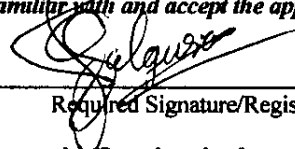
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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14 MAR 12 AM 10:50
SECRETARY OF STATE
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

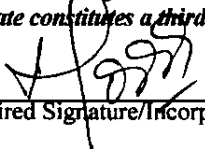


Required Signature/Registered Agent

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