

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AAA ICE CREAM DISTRIBUTOR INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B 4/9/14

RECEIVED

14 APR -7 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR -7 AM 10:39

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: AAA ICE CREAM DISTRIBUTORARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15442 SW 97 TERR
MIAMI FL 33196SAMEINCARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESSARTICLE IV SHARES

The number of shares of stock is:

106ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LIZETTE BALLESTEROSPRESIDENT

Address

15442 SW 97 TERR

Address:

MIAMI FL 33196

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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(cont)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LIZETTE BALLESTEROS
Address: 15442 SW 97 TERR
MIAMI FL 33196

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: LIZETTE BALLESTEROS
Address: 15442 SW 97 TER
MIAMI FL 33196

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

[Signature]
Required Signature/Registered Agent

4/7/14
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.

[Signature]
Required Signature/Incorporator

4/7/14
Date

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