

PH000102273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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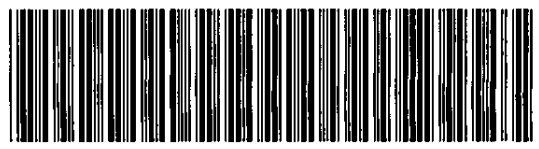
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Zoraida Daniel Ice Cream Corp.
(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

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Zoraida Daniel
Name (Printed or typed)

15105 Harding Lane
Address

Homestead, FL 33033
City, State & Zip

786-344-6528
Daytime Telephone number

Zoraydadaniel@yahoo.com
E-mail address: (to be used 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 I - NAME

The name of the corporation shall be: Zoraida Daniel Ice Cream Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15105 Harding Lane
Homestead, FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Ice Cream Sales (mobile)

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STATE
SECRETARY
OF
CORPORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zoraida Daniel Name and Title: _____

Address: 15105 Harding Lane Address: _____
Homestead, FL 33033 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Zoraida Daniel
 Address: 15105 Harding Lane
Homestead, FL 33033

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 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Zoraida Daniel
 Address: 15105 Harding Lane
Homestead, FL 33033

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

Zoraida Daniel 11-07-14
 Required Signature/Registered Agent 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.

Zoraida Daniel 11-07-14
 Required Signature/Incorporator Date