

P15000017539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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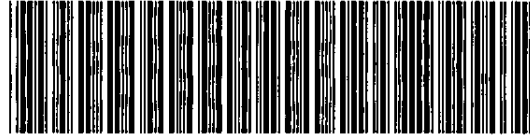
(Business Entity Name)

(Document Number)

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

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15 FEB 20 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 23 15-18

## COVER LETTER

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

**SUBJECT:** URBAN ICE 1 INCORPORATED  
(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** EDWARD TORRENCE  
Name (Printed or typed)  
343 LAKE HILL PLACE  
Address  
APOPKA, FL. 32703  
City, State & Zip  
240-643-0532  
Daytime Telephone number  
urbanice12345@gmail.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: URBAN ICE 1 INCORPORATED

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

343 LAKE HILL PLACE

APOPKA, FL 32703

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV    SHARES**

The number of shares of stock is: 1

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

Name and Title: EDWARD TORRENCE (P) Name and Title: \_\_\_\_\_

Address 343 LAKE HILL PLACE Address: \_\_\_\_\_  
APOPKA, FL. 32703

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
15 FEB 20 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: EDWARD TORRENCE

Address: 343 LAKE HILL PLACE

APOPKA, FL. 32703

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: EDWARD TORRENCE

Address: 343 LAKE HILL PLACE

APOPKA, FL. 32703

*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*

Edward Torrence

Required Signature/Registered Agent

02/13/2015

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.*

Edward Torrence

Required Signature/Incorporator

02/13/2015

Date