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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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
SNOWFLAKE REALTY, INC.

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

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Corporate Filing Menu

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From:

04/17/2015 15:18

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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: SNOWFLAKE REALTY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

5531 CANNES CIRCLE

UNIT 801B

SARASOTA, FL 34231

Mailing address, if different is:

5531 CANNES CIRCLE

UNIT 801B

SARASOTA, FL 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERIC OLE THORSEN/DIRECTOR

Address 5531 CANNES CIRCLE

UNIT 801B

SARASOTA, FL 34231

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

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(cont.)

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: ERIC OLE THORSEN
Address: 5531 CANNES CIRCLE UNIT 801B
SARASOTA, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIC OLE THORSEN
Address: 5531 CANNES CIRCLE UNIT 801B
SARASOTA, FL 34231

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

(X) _____
Required Signature Registered Agent

4/17/15
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.

(X) _____
Required Signature Incorporator

4/17/15
Date