

P15000052599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

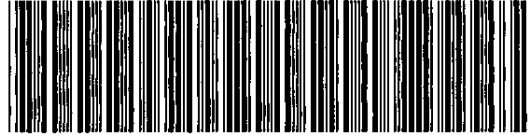
(Document Number)

Certified Copies _____ Certificates of Status ☒

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WIF- 35077



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05/13/15--01005--009 **78.75

FILED
15 JUN 15 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FL 32399

JUN 1 8 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Johnny's Ice Age 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Caridad Quintero
Name (Printed or typed)

15513 SW 308 Street
Address

Homestead, FL 33033
City, State & Zip

305-200-4976
Daytime Telephone number

CARIG45@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

15 JUN 15 PM 4:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 18, 2015

CARIDAD QUINTERO
15513 SW 308 STREET
HOMESTEAD, FL 33033

SUBJECT: JOHNNY'S ICE AGE INC.
Ref. Number: W15000035077

We have received your document for JOHNNY'S ICE AGE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 515A00010392

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: Johnny's Ice Age Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15513 SW 308 Street

Homestead, FL 33033

Mailing address, if different is:

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15 JUN 15 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for services and repairs

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARIDAD QUINTELO President

Name and Title: _____

Address 15513 SW 308 Street

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: CARIDAD QUINTERO

Address: 15513 SW 308 Street

Homestead, FL 33033

ARTICLE VII INCORPORATOR

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

Name: CARIDAD QUINTERO

Address: 15513 SW 308 Street

Homestead, FL 33033

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

CARIDAD QUINTERO
Required Signature/Registered Agent

5/8/15
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.

CARIDAD QUINTERO
Required Signature/Incorporator

5/8/15
Date