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**FLORIDA PROFIT/NON PROFIT CORPORATION**
**BELOW ZERO FROZEN DESSERTS, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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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: BELOW ZERO FROZEN DESSERTS, INC.

***ARTICLE II PRINCIPAL OFFICE***

| Principal street address | Mailing address, if different is: |
|---|---|
| 677 N.E. 24th St. Apt 502 | |
| Miami, FL 33137 | |

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:
ANY LEGAL PURPOSE WITHIN THE STATE OF FLORIDA

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***ARTICLE IV SHARES***
The number of shares of stock is:
1,000 shares no par value

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

Name and Title: Gabriel Ramos, Pres
Address: 677 N.E. 24th St. #502
Miami, FL 33137

Name and Title: Julietta Pizzurro, Vice President
Address: 677 N.E. 24th St. #502
Miami, FL 33137

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

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*ARTICLE VI REGISTERED AGENT*

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gabriel Ramos

Address: 677 N.E.24th St. Apt. 502

Miami, FL 33137

*ARTICLE VII INCORPORATOR*

The name and address of the Incorporator is:

Name: Gabriel Ramos

Address: 677 N.E. 24th St. Apt. 502

Miami, FL 33137

*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*

X _____ 05-27-16
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.*

X _____ 05-27-16
Required Signature/Incorporator Date

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