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FAX No.

P. 001

1/3/2017

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TROPICAL ICE BOXES, INC.

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FILED
17 JAN -6 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 5, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS CORPORATE

SUBJECT: TROPICAL ICE BOXES, INC.
REF: W17000000299

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Verify the spelling of the Presidents name in Article V and Certificate of Designation page. (first name)

Please return 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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H17000000826
Letter Number: 017A00000092

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17 JAN -6 PM 3:04

ARTICLES OF INCORPORATION
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TROPICAL ICE BOXES, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: TROPICAL ICE BOXES, INC.

The principal place of business of this corporation shall be: 4254 NW 37 AVE
MIAMI, FL 33142

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. (MANUFACTURING)

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1000 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

P-D JOHNNY GERONIMO DOSREIF OJEDA
 4254 NW 37 AVE
 MIAMI, FL 33142

VP-D RAFAEL LABRADA
 4254 NW 37 AVE
 MIAMI, FL 33142

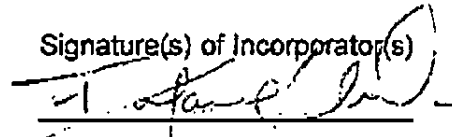
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

RAFAEL LABRADA
4254 NW 37 AVE
MIAMI, FL 33142

IN WITNESS WHEREOF, the undersigned Incorporator(s) has(have) executed these Articles of Incorporation this 8TH Day of NOVEMBER AD 2016.

Signature(s) of Incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: TROPICAL ICE BOXES, INC.
2. The name and address of the registered agent and office is:

JOHNNY GERONIMO DOSREIF OJEDA

4254 NW 37 AVE
MIAMI, FL 33142

Signature: _____

Title: _____

Date: _____

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature: _____

Date: _____