

P18000027537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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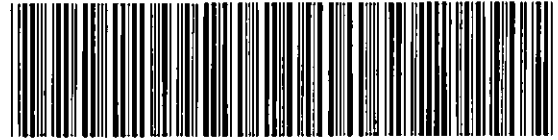
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
18 MAR 26 AM 10:13

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2018 MAR 26 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Sno-Ballz on The Bayou, ~~LLC~~ 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Thomas M Scott
Name (Printed or typed)

3122 Mahan Drive Suite 801-218
Address

Tallahassee, Florida 32308
City, State & Zip

850 296 6297
Daytime Telephone number

Thomas@SnoBallzOnTheBayou.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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: SNO-BALLZ ON THE BAYOU, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3122 Mahan Drive

Mailing address, if different is:

Suite 801-218

Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To have an International business
based in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas m Scott CEO Name and Title: _____

Address 3122 Mahan Dr Address: _____
Suite 801-218 _____
Tallahassee, FL 32308 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Thomas m Scott
Address: 3122 Mahan Dr Suite 801-218
Tall, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thomas m Scott
Address: 3122 Mahan Dr Suite 801-218
Tall, FL 32308

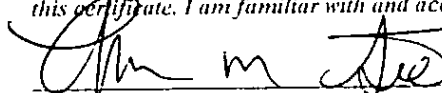
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-26-18 (OPTIONAL)

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

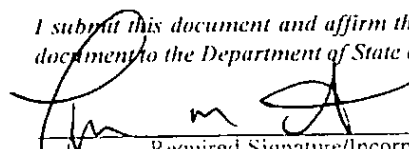
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

3-26-18

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.


Required Signature/Incorporator

3-26-18

Date

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