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To: 185 96381 From: 944514 Date: 05/18 Time: 9:00 AM /03

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844) 386-0178  
Fax Number : (214) 317-4754

\*\*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  
GOT ICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2018 SEP -5 PM 12:20

LEGALINC CORPORATE SERVICES

2018 SEP -5 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** GOT ICE, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
EDDIE BARNHILL \_\_\_\_\_  
10161 MALLORY PKWY \_\_\_\_\_  
ST JAMES CITY, FL 33956 \_\_\_\_\_

**ARTICLE III PURPOSE** GENERAL BUSINESS  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: EDDIE BARNHILL Name and Title: PRESIDENT  
Address 10161 MALLORY PKWY Address: \_\_\_\_\_  
ST JAMES CITY, FL 33956 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: JOHN L ABITANTE, CPA

Address: 13670 ROBERT RD  
BOKEELIA, FL 33922

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN L ABITANTE, CPA

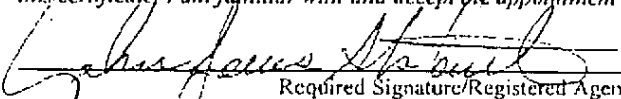
Address: 13670 ROBERT RD  
BOKEELIA, FL 33956

**ARTICLE VIII EFFECTIVE DATE:**

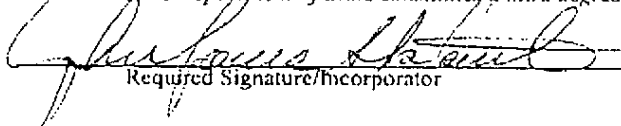
Effective date, if other than the date of filing: 09/06/2018 (OPTIONAL)  
 (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 \_\_\_\_\_ 09/04/2018  
 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.*

 \_\_\_\_\_ 09/04/2018  
 Required Signature/Incorporator Date

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