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(((H18000259021 3)))



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## (S) FLORIDA PROFIT/NON PROFIT CORPORATION GOT ICE, INC.

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(((H18000259021 3)))

## ARTICLES OF INCORPORATION

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

TICLE I NAME e name of the corpora	GOT ICE, INC.	
R <i>TICLE II PRIN</i> O		Mailing address, if different is:
161 MALLORY PK	WY	
JAMES CITY, FL	33956	
TICLE III PURP e purpose for which	OSE the corporation is organized is:	RAL BUSINESS
Name and Titl	10161 MALLORY PKWY	Name and Title: PRESIDENT
Address	ST JAMES CITY, FL 33956	Address:
Name and Title	; <u> </u>	Name and Title:
Address		Address:
Manager and West	· · · · ·	
Name and Little		Name and Tisles
Address	·	Name and Title:
Address		

To: 18506176381 From: 14694451465 Date: 09/05/18 Time: 9:09 AM Page: 03/03

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name and Florida  ne:  JO  Iress:  BO  TCLE VII INCO  name and address  lame:  Address:  TCLE VIII EFF  ctive date, if other	STERED AGENT  Street address (P.O. Box NOT acceptable)  HN L ABITANTE, CPA  670 ROBERT RD  KEELIA, FL 33922  PRPORATOR  of the Incorporator is: OHN L ABITANTE, CPA  13670 ROBERT RD  BOKEELIA, FL 33956		
name and Florida  ne:  JO  13  dress:  BO  TICLE VII INCO  name and address  lame:  Address:  TICLE VIII EFF  ctive date, if other n effective date is	Street address (P.O. Box NOT acceptable) HN L ABITANTE, CPA  570 ROBERT RD  KEELIA, FL 33922  PRPORATOR  of the Incorporator is: OHN L ABITANTE, CPA  13670 ROBERT RD	of the registered agent is:	
Ine:  JO  Idress:  BO  TICLE VII INCO  name and address  Jame:  Address:  TICLE VIII EFF  ctive date, if other n effective date is	HN L ABITANTE, CPA  670 ROBERT RD  KEELIA, FL 33922  PRPORATOR  of the Incorporator is: OHN L ABITANTE, CPA  13670 ROBERT RD		
Incompanies and address and address:  Address:  Address:  Address:  Address:	REELIA, FL 33922  ORPORATOR  of the Incorporator is: OHN L ABITANTE, CPA  13670 ROBERT RD		
BO  TCLE VII INCO name and address tame:  Address:  ICLE VIII EFF tive date, if other n effective date is	ORPORATOR  of the Incorporator is:  OHN L ABITANTE, CPA  13670 ROBERT RD		
name and address ame:  Address:  ICLE VIII EFF tive date, if other	of the Incorporator is: OHN L ABITANTE, CPA 13670 ROBERT RD	<del></del>	
Address:  ICLE VIII EFF tive date, if other	OHN L ABITANTE, CPA  13670 ROBERT RD	<b></b> -	
CLE VIII EFF live date, if other effective date is		_	
CLE VIII EFF tive date, if other effective date is	BOKEELIA, FL 33956	_	
tive date, if other effective date is		<del>-</del>	
;• <i>)</i>	ECTIVE DATE: than the date of filing: 09/06/2018  Histed, the date must be specific and can	. (OPTIONAL) ot be more than five days pri	ior or 90 days after the
If the date insert scument's effective	ed in this block does not meet the applicable date on the Department of State's records	e statutory filing requirements,	this date will not be listed as
og heen named as eriificase I am fas	registered agent to accept service of proce miliar with and accept the appointment as re	ss for the above stated corpora gistered agent and agree to ac	tion at the place designated t t in this capacity
husto	eus Stapul		09/04/2018
	Required Signature/Registered Agent	<del></del>	Date
nit this documen ment to the Depuri	and affirm that the facts stated herein ar ment of State constitutey a third degree feld	true, I am aware that the fal ny as provided for in s.817.155	se informution submitted in , F.S.
the ton	gnature/hcorporator		09/04/2018