

P19000088647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

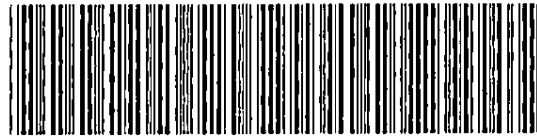
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/19--01014--006 **157.50

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2019 DEC -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FL

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DEC 4 2019



12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Ice Refill Corp
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In ☒ Pick up time: _____ ☒ Certified Copy ☐ Certificate Of Status

New Filings	
☒	Profit
☐	Non-Profit
☐	Limited Liability
☐	Other:

Amendments	
☐	Amendments
☐	Resignation
☐	Dissolution/Withdrawal
☐	Other:

Other Filings	
☐	Annual Report
☐	Fictitious Name
☐	Apostille:
☐	Other:

Examiners Initials	
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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: ICE REFILL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2850 N PALM AIRE DR APT 606
POMPANO BEACH, FL 33069

Mailing address, if different is:
2850 N PALM AIRE DR APT 606
POMPANO BEACH, FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTIN M. PEREZ (PRESIDENT) Name and Title: LIDIA A. MANAS (VICEPRESIDENT)

Address: 2850 N PALM AIRE DR APT 606 Address: 2850 N PALM AIRE DR APT 606
POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2018 DEC -3 AM 9:15
SECRETARY OF STATE
FLORIDA

FILED

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: MARTIN M. PEREZ
Address: 2850 N PALM AIRE DR APT 606
POMPANO BEACH, FL 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

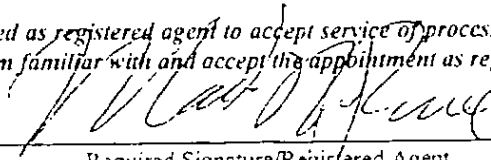
Name: MARTIN M. PEREZ
Address: 2850 N PALM AIRE DR APT 606
POMPANO BEACH, FL 33069

ARTICLE VIII EFFECTIVE DATE:

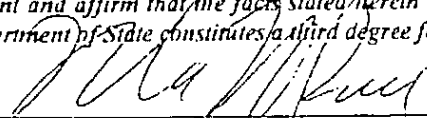
Effective date, if other than the date of filing: 01/01/2020 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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:

 11/27/2019
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.

 11/27/2019
Required Signature/Incorporator Date

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