

6/15/2020

Division of Corporations

2020 JUL -8
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P200001817553
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 : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: icecreamsocialboat@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Ice Cream Social Boat Inc

Certificate of Status	0
Certified Copy	0
Page Count	03- 04
Estimated Charge	\$70.00

PLEASE USE THE
ORIGINAL EFFECTIVE
DATE OF 6/17/2020.
THANK YOU!

Electronic Filing Menu

Corporate Filing Menu

Help

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 Cream Social Boat Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

581 Skylark Ln NW

Port Charlotte, FL 33952

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: Jaymz Michaud

Name and Title: Briana Caniff

Address President

Address: Vice President

581 Skylark Ln NW

581 Skylark Ln NW

Port Charlotte, FL 33952

Port Charlotte, FL 33952

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Jaymz Michaud
Address: 581 Skylark Ln NW
Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jaymz Michaud
Address: 581 Skylark Ln NW
Port Charlotte, FL 33952

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Jaymz Michaud
Required Signature/Registered Agent

June 15th, 2020
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.

Jaymz Michaud
Required Signature/Incorporator

Jun 15th, 2020
Date