

P22000044717
Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000197376 3)))



H220001973763ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: CHELSEACARRILLO03@GMAIL.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -6 AM 9:13

FILED

RECEIVED

2022 JUN -6 PM 4:39

CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Iceey Smilez Corp.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

HL

H22000197376

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Icey Smilez Corp.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
1919 Summer Club Dr Apt 101
Oviedo, FL 32765Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

_____**ARTICLE IV SHARES**The number of shares of stock is: 100 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Chelsea Carrillo - President/Director

Name and Title: _____

Address 1919 Summer Club Dr Apt 101

Address: _____

Oviedo, FL 32765

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2022 JUN -6 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H22000197376

H22000197376

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Chelsea Carrillo
Address: 1919 Summer Club Dr Apt 101
Oviedo, FL 32765

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Chelsea Carrillo
Address: 1919 Summer Club Dr Apt 101
Oviedo, FL 32765

FILED
2022 JUN -6 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Required Signature/Registered Agent

June 6, 2022

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

June 6, 2022

Date

H22000197376