

P22000071534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

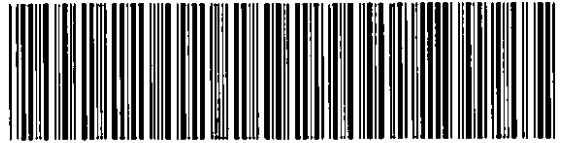
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200393040822

S. CHATHAM  
SEP 16 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP 15 PM 3:52

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/15/2022

**\*\*WALK IN\*\***

ENTITY NAME FUTURE SCOOPS, INC.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

*S. R. M.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: Future Scoops Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

Mailing address, if different is:

1004 E 23rd Ave

Tampa, FL 33605

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
to engage in any lawful act or activity permitted under the Florida Corporation Law

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**ARTICLE IV SHARES**

The number of shares of stock is: 200 npv

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

Name and Title: Justin Collette Director

Name and Title: Karine Collette Director

Address: 1004 E 23rd Ave

Address: 1004 E 23rd Ave

Tampa, FL 33605

Tampa, FL 33605

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: Justin Collette

Address: 1004 E 23rd Ave

Tampa, FL 33605

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Justin Collette and Karine Collette

Address: 1004 E 23rd Ave

Tampa, FL 33605

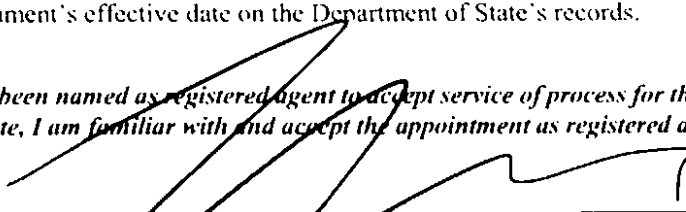
**ARTICLE VIII EFFECTIVE DATE:**

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*

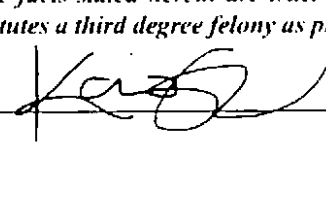
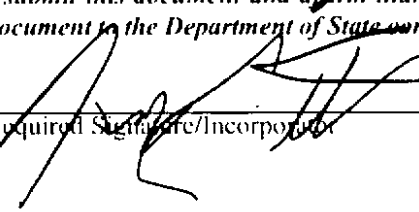


Required Signature/Registered Agent

9/14/2022

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

9/14/2022

Date