S. CHATHAM

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(((H23000344312 3)))



H230003443123ABCW

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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email Address: ed@beharandcompany.com

FLORIDA PROFIT/NON PROFIT CORPORATION

CONTRACTIONS

Nicoscold, Inc

Certificate of Status	1
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H23000344312

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

The name of the corpora	tion shall be:	Nicoscold, I	nc .
<i>RTICLE II PRIN</i> 996 SW 95th Ave			Mailing address, if different is:
DTICLE III DUOD	OSE.		
			<del>-</del> ~
			<u> </u>
		••••••••••••••••••••••••••••••••••••••	
Name and Titl	ADDE CIM DEth Avo	rector Name and Tit	le: Angelina Grigg - Secretary/Direc
Address	Cooper City, FL 33328	Address:	Cooper City, FL 33328
Name and Title	:	Name and Titl	le:
Address		Address:	
Name and Title	: <u></u>	Name and Titl	le:
Address			

H23000344312

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT accept	table) of the registered agent is:
Name:	Nico Grigg	•
	4996 SW 95th Ave	2023 0 :
	Cooper City, FL 33328	
ARTICI E VII	<u>INCORPORATOR</u>	no Est 14
		_ œ
The name and a	ddress of the Incorporator is:  Nico Grigg	: 26
Name:		
Address:	4996 SW 95th Ave	
	Cooper City, FL 33328	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) d cannot be more than five days prior or 90 days after the
	e inserted in this block does not meet the appetite date on the Department of State's r	plicable statutory filing requirements, this date will not be listed as ecords.
Having been nad certificate, I am	med as registered agent to accept service of p familiar with and accept the appointment as	rocess for the above stated corporation at the place designated in thi registered agent and agree to act in this capacity
1017002-4-4-15-1213-11	45 SEC	September 29, 2023
Required Signati	re/Registered Agent	Date
	cument and affirm that the facts stated her Department of State constitutes a third degra	vin are true. I am aware that the fulse information submitted in a ve felony as provided for in s.817.155, F.S.
		September 29, 2023
Required Signat	ure/Încorporator	Date