

P250000004671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

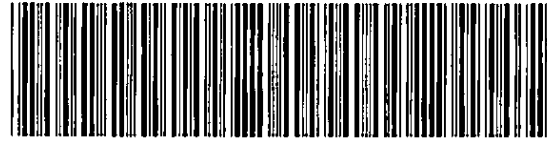
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200442736862

01/21/25--01011--001 **70.00

FILED
2025 JAN 21 AM 8:46
SECRETARY OF STATE
TOLSON, D.C.

16

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Sculpture Pro, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Patrick O'Brien

Name (Printed or typed)

515 Short McDowell St.

Address

Asheville, North Carolina 28803

City, State & Zip

828-215-2533

Daytime Telephone number

office@icemill.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: Sculpture Pro, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3343 Chatsworth Ln.

Orlando, FL 32812

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: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick O'Brien, President

Name and Title: Casey Conner, Vice President

Address 515 Short McDowell St.
Asheville, North Carolina 28803

Address: 515 Short McDowell St.
Asheville, North Carolina 28803

Name and Title: Casey Conner, Secretary

Name and Title: _____

Address 515 Short McDowell St.
Asheville, North Carolina 28803

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: Collin Atkins
Address: 3343 Chatsworth Lane.
Orlando, FL 32812

ARTICLE VII INCORPORATOR

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

Name: Patrick O'Brien
Address: 515 Short McDowell St.
Asheville, North Carolina 28803

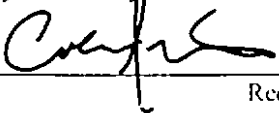
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2025. (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

11/23/2024

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.

Patrick O'Brien
Required Signature/Incorporator

11/22/24

Date

FILED
2025 JAN 21 AM 9:47
SECRETARY OF STATE