

FAX 10:09 07/31/95 SEALS N' SIGNATURES
H95000008384

813-363-1422

PAGE 01
FAX AUDIT #
H95000008384

P95000058761

7/31/95 FLORIDA DIVISION OF CORPORATIONS 9:40 AM
PUBLIC ACCESS SYSTEM
(((H95000008384))) ELECTRONIC FILING COVER SHEET
TO DIVISION OF CORPORATIONS FROM SEALS N' SIGNATURES
DEPARTMENT OF STATE 6822 N 22ND AVE
STATE OF FLORIDA SUITE 277
409 EAST GAINES STREET ST PETERSBURG FL 33710- 4
TALLAHASSEE, FL 32399 CONTACT JOANNE SIRISKA
FAX: (904) 922-4000 PHONE (813) 367-3459
FAX: (813) 363-1422
(((H95000008384))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: INDIVIDUAL REFRESHMENT MANAGEMENT INC
FAX AUDIT NUMBER: H95000008384 CURRENT STATUS: REQUESTED
DATE REQUESTED: 07/31/1995 TIME REQUESTED: 09:40:32
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX/MAIL
ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 076633000325

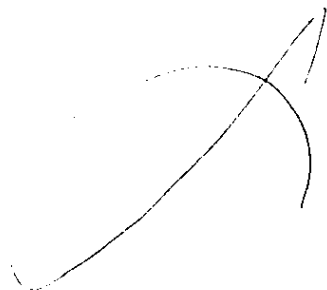
Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000008384)))

RECEIVED

95 JUL 31 AM 10:28

DIVISION OF CORPORATIONS



FILED
95 JUL 31 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT #
H95000008384

10:10 07/31/95 SEALS N SIGNATURES

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ARTICLES OF INCORPORATION

FAX AUDIT PAGE 02
H95000008384

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be

INDIVIDUAL REFRESHMENT MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

Place of Business

8396 QUAIL MEADOW WAY
WEST PALM BEACH FL. 33412

Mailing Address

P.O. BOX 30365-3330 FAIRCHILD GDNs AVE
PALM BEACH GARDENS FL. 33420

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is.

SEALS N SIGNATURES/JOANNE SIRISKA
6822 22ND AVE. N. SUITE 277
ST. PETERSBURG FL. 33710

10:10 07/31/'95 SEALS N SIGNATURES

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ARTICLE V INCORPORATOR(S)

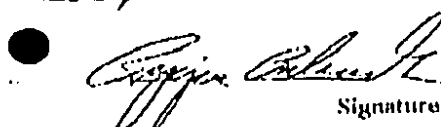
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are)

REGINALD BABCOCK
8396 QUAIL MEADOW WAY
WEST PALM BEACH FL. 33412

DIANNE DAHLTORP
8396 QUAIL MEADOW WAY
WEST PALM BEACH, FL. 33412

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of July, 1995

 _____
Signature

Signature

Signature

Signature

Signature

FAX AUDIT #
H95000008384

10:10 07/31/95 SEALS N SIGNATURES

813-363-1422

1195000 PAGE 04

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607 0501 OR 617 0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN designated THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the corporation is:

INDIVIDUAL REFRESHMENT MANAGEMENT INC.

2 The name and address of the registered agent and office is.

SEALS N SIGNATURES/JOANNE SIRISKA

(Name)

6822 22ND AVE. N. SUITE 277

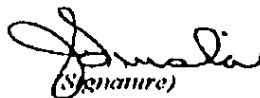
(P.O. Box not acceptable)

ST. PETERSBURG FL 33710

(City/State/Zip)

FILED
55 JUL 31 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.


(Signature)

7/31/95
(Date)

FAX AUDIT #
1195000008384

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DEPARTMENT OF CORPORATIONS

DOCUMENT # P95000058761

INDIVIDUAL REFRESHMENT MANAGEMENT INC.

FILED

96 OCT 14 PM 6:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

8396 QUAIL MEADOW WAY
W PALM BEACH FL 33412

P.O. BOX 30065
3330 FAIRCHILD GARDENS AVE.
PALM BEACH GARDENS FL 33420

If address changes are indicated for any reason through incorrect information and enter correction below

8396 QUAIL MEADOW WAY
W PALM BEACH, FL

How Mailing Office Address, If Applicable

State, Apt. #, etc.

City & State

Zip

Country

33412 PALM BEACH

4 Date Incorporated or Qualified
To Do Business in Florida

07/31/1995

5 FET Number

65-0600342

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

PRESIDENT REGINA BARLOCK

8396 QUAIL MEADOW WAY

WPB, FL, 33412

Sec/Treas Dianne Dahlborg

8396 Quail Meadow Way

WPB, FL 33412

200001981132--U
-10/21/96--01037--012
****375.00 ****375.00

8. Name and Address of Current Registered Agent

SEALS N' SIGNATURES
6822 22ND AVE. NORTH
SUITE 277
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name

REGINA S. BARLOCK

Street Address (P.O. Box Number is Not Acceptable)

8396 QUAIL MEADOW WAY

State, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGINA S. BARLOCK

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax)

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

REGINA S. BARLOCK PRESIDENT

Date

10-9-96

Daytime Phone #

561-
622-1048