P95000069001

TRANSMITTAL LETTER

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

SUBJECT: TLC Ice's Inc.
(Proposed corporate name - must include suffix)

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

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate	☒ $122.50 Filing Fee & Certified Copy	☐ $131.25 Filing Fee, Certified Copy & Certificate
		Additional Copy Required	

FROM: John C. Mistkowski
Name (printed or typed)

21983 SW 85th Lane
Address

Dunnellon, FL 34431
City, State & Zip

([illegible]) 489-9959
Daytime Telephone number

FILED
95 SEP -5 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 7 1995 BSB

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

FILED
95 SEP -5 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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:

[illegible], Inc.

ARTICLE II PRINCIPAL OFFICE

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

21983 S.W. 88th Lane
Dunnellon, FL 34431

ARTICLE III SHARES

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

40 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John C. Mistkowski
21983 S.W. 88th Lane
Dunnellon, FL 34431

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Joan C. [illegible]
[illegible]
Dunnellon, [illegible] [illegible]

Alexander C. [illegible]
[illegible]
Dunnellon, [illegible] [illegible]

Steven J. Hurd
83[illegible] [illegible] Ave
Dunnellon, FL 34431

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

31st day of August, 1995.

[signature]
Signature

[signature]
Signature

[signature]
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: [illegible] Bros, Inc.

FILED
93 SEP -5 PM 2:38

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

John C. M[illegible]kowski
(NAME)

21483 S.W. 85th Lane
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Dunnellon FL. 34431
(CITY/STATE/ZIP)

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 am familiar with and accept the obligations of my position as registered agent.

[illegible signature]
(SIGNATURE)

8/31/95
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 OCT 21 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069001

1. Corporation Name

TLC PETS, INC.

Principal Place of Business
21983 SW 88TH LN
DUNNELLON FL 34431

Mailing Address
21983 SW 88TH LN
DUNNELLON FL 34431

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
20119 E. Pennsylvania Ave
Suite, Apt. #, etc.
City & State
Dunnellon FL.
Zip 34432 Country MARION

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/05/1995

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Joan C. Mistkowski	21983 S.W. 88 Ln	Dunnellon, FL. 34431
V.P.	Alexander C. Mistkowski	21983 S.W. 88 Ln	Dunnellon, FL. 34431
Sec/Treas	Steven Hurd	8320 SW 202 Ave	Dunnellon, FL. 34431

800001988978--3
-10/29/96--01111--011
****375.00 ****375.00

8. Name and Address of Current Registered Agent

MISTKOWSKI, JOAN C
21983 SW 88TH LN
DUNNELLON FL 34431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/96)

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: Joan C Mistkowski — Date: 10/15/96
REGISTERED AGENT MUST SIGN

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.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, 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 the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: Joan C Mistkowski — Date: 10/15/96 — Daytime Phone #: 352-489-9957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOAN C. MISTKOWSKI

0099754 AF