

P96000079039

TRANSMITTAL LETTER

FILED

96 SEP 20 11 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Lerro's Gourmet Italian Ices  
(Proposed corporate name - must include suffix)

800001939698  
-09/05/96--01056--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate
<b>Additional Copy Required</b>			

W96-18858

FROM: MARL E Ashe  
Name (printed or typed)

1081 SW CORNELIA AVE  
Address

PORT ST LUCIE FL, 34953  
City, State & Zip

561-336-7863  
Daytime Telephone number

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

2/6  
9-24-96



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 9, 1986

MARC E. ASHE  
1081 S.W. CORNELIA AVENUE  
PORT ST. LUCIE, FL 34953

SUBJECT: LERRO'S GOURMETT ITALIAN ICES  
Ref. Number: W96000018858

We have received your document for LERRO'S GOURMETT ITALIAN ICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman  
Document Specialist

Letter Number: 996A00041939

**ARTICLES OF INCORPORATION**

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96 SEP 20 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

LEPPO'S GOURMET ITALIAN ICES ~~INC.~~ CO.

**ARTICLE II PRINCIPAL OFFICE**

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

321 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL, 34953

**ARTICLE III SHARES**

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

500 SHARES @ \$ 2.00 SHARE

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

MARL ASHE  
321 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL, 34953

**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):

MARK ASHE  
321 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL, 34953      Pres./TREASURER

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

3RD day of Sept, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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: Lenzo's Gourmet Italian Ices Co.
2. The name and address of the registered agent and office is:

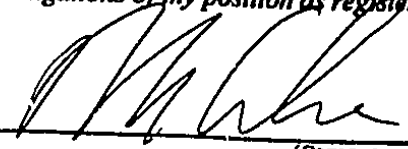
MARC ASHE  
(NAME)

321 SE Pont ST LUCE BLVD  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pont ST LUCE FL 34953  
(CITY/STATE/ZIP)

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36 SEP 20 AM 10:30  
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 am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

9/3/96  
(DATE)