

P99000071054

TRANSMITTAL LETTER

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

000002950060--0
-08/04/99--01045--008
*****70.00 *****70.00

SUBJECT: ARCTIC SNO CO. 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: ARCTIC SNO CO, INC.
Name (Printed or typed)

1250 GARDEN ST,
Address

TITUSVILLE, FL, 32780
City, State & Zip

407-268-2044
Daytime Telephone number

FILED
99 AUG -4 AM 7:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

CP
8-11-99
2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ARCTIC SNO CO, INC.

ARTICLE II PRINCIPAL OFFICE

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

1250 GARDEN ST. TITUSVILLE, FL 32780

ARTICLE III SHARES

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

500 SHARES NO PAR COMMON

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

KERRI MACKIN 255 AVILEZ BLVD
TITUSVILLE, FL, 32780

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

CHRISTINE MONDELLO 2917 JASMINE ST.
TITUSVILLE

Christine Mondello

Signature/Incorporator

7-22-99

Date

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

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

Kerri Mackin

Signature/Registered Agent

7-22-99

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA