

P99000098579

RITA JUAREZ

(Requestor's Name)

Akerman, Senterfitt & Eidson, P.A.

(Address)

Tallahassee, FL (850) 222-3471

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Siblings Ice Cream Enterprises P93000004225

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

FILED
99 NOV -9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900003039669--2
-11/09/99-01052-022
*****35.00 *****35.00

~~700003039669--2~~
~~-11/09/99-01052-021~~
~~*****35.00 *****35.00~~

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
99 NOV -9 AM 10:27
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
Requestor's Initials

AFFIDAVIT AUTHORIZING USE OF NAME OF DISSOLVED CORPORATION

State of Florida)
County of Pasco)

Before me the undersigned notary public duly authorized to administer oaths and acknowledgments in the State of Florida, personally appeared JAMES COMBS, who upon being duly sworn on oath deposes and says that following:

1. He is over the age of 18 and is competent to make, execute and deliver this Affidavit and has personal knowledge of all matters contained in this Affidavit.
2. He is was the last president of Siblings Ice Cream Enterprises, Inc., a Florida corporation, Charter No. P93000004225.
3. He hereby authorizes the use of the name "Siblings Ice Cream Enterprises, Inc." prior to the expiration of 120 days from the date of the dissolution of the corporation referenced in paragraph 3 above.
4. This Affidavit is made and given pursuant to Section 607.1405(4), Florida Statutes.
5. Affiant is familiar with the nature of an oath and the penalties for giving false affidavits.

Further Affiant sayeth not.

James Combs
JAMES COMBS

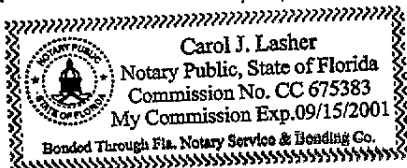
Sworn to and Subscribed to
Before me as of this 2nd
day of November, 1999 by
JAMES COMBS x who is
personally know to me or
N/A who produced a driver's
license as identification.

Carol J. Lasher
(Notary Signature)

(Printed Name)

CAROL J. LASHER

(Commission Number and
Expiration Date) 9/15/2001



ARTICLES OF INCORPORATION
OF
SIBLINGS ICE CREAM ENTERPRISES, INC.

99 NOV -9 PM 2:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I - Name

The name of the Corporation is SIBLINGS ICE CREAM ENTERPRISES, INC.

Article II - Principal Office

The principal office and mailing address for this Corporation is 8828 Planters Lane, New Port Richey, Florida 34654.

Article III - Duration

The Corporation shall have perpetual existence.

Article IV - Purpose

This Corporation may engage in any activity or business permitted under the laws of the United States, laws of the State of Florida, and/or laws of any state within which it may be entitled to transact or engage in business.

Article V - Capital Stock

This Corporation is authorized to issue 100 shares of one dollar \$1.00 par value.

Article VI - Initial Registered Office and Agent

The street address of the initial registered office of this Corporation is 8828 Planters Lane, New Port Richey, Florida 34654, and the name of the initial registered agent of this Corporation is

JO ANN COMBS

Article VII - Directors

The number of Directors of this Corporation shall be not less than one nor more than five. The names and post office addresses of the members of the first Board of Directors of this Corporation who shall hold office for the first year of this existence of this Corporation or until their successors are elected and qualified, unless otherwise provided by the By-Laws are:

JO ANN COMBS
8828 Planters Lane
New Port Richey, Florida 34654

Article VIII - Incorporator

The name and address of the Incorporator of this Corporation is: JO ANN COMBS 8828 PLANTERS LANE NEW PORT RICHEY FLORIDA

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 24 day of October, 1999. 34654

Jo Ann Combs
(Sign Name)

JO ANN COMBS
(Print Name)

As Incorporator

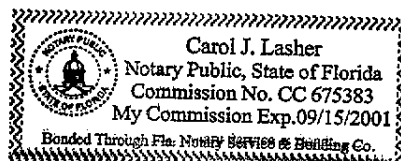
STATE OF FLORIDA)
COUNTY OF PASCO)

The foregoing instrument was acknowledged before me this 2nd day of NOVEMBER, 1999 by JO ANN COMBS, who is personally known to me or who has provided a driver's license as identification and who has not taken an oath. (PERSONALLY KNOWN)

Carol J. Lasher
(Signature)
CAROL J. LASHER
(Type or Print Name)

Notary Public

My Commission Expires: 9/15/2001
My Commission Number is: CC 675383



ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above-stated Corporation, at the place designated in the Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provisions of the Act relative to keeping open said office.

By: JoAnn Combs
(Sign Name)

JO ANN COMBS
(Print Name)

As Registered Agent

W:\ATTY\ASD\CLIENTS\Combs\siblingsicecream\articlesofincorporation.wpd

FILED
99 NOV -9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA