

P11000059866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

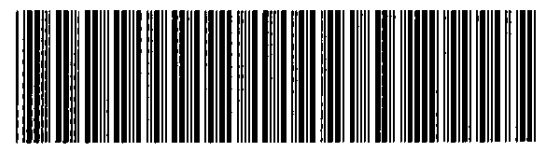
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUN 28 PM 2:30
TALLAHASSEE FL 32301
SECRETARY OF STATE

SC
6-29-11

COVER LETTER

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

SUBJECT: MIAMI BAKERY II, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: OCTAVIO MARRERO
Name (Printed or typed)

1990 NW 22ND AVE
Address

MIAMI, FL 33125
City, State & Zip

305-444-1953
Daytime Telephone number

ALEX@TRIGOTAX.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

June 17, 2011

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Miami Bakery II, Inc., of Document # P92000007143 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Sincerely,



Octavio Marrero

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME MIAMI BAKERY II, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 1990 NW 22ND AVE.
MIAMI, FL 33125
Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS


Name and Title: OCTAVIO MARRERO, PRESIDENT	Name and Title: _____
Address: 1990 NW 22ND AVE	Address: _____
MIAMI, FL 33125	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: OCTAVIO MARRERO
Address: 1990 NW 22ND AVE
MIAMI, FL 33125


ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: OCTAVIO MARRERO
Address: 1990 NW 22ND AVE
MIAMI, FL 33125

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent
6/20/11 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator
6/20/11 Date