P12000067117

(Requestor's Name)
(requests, a runne)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only

W12-36520



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2012

DEBRA FINUCANE 10220 NW 19TH STREET CORAL SPRINGS, FL 33071

SUBJECT: BFD INC.

Ref. Number: W12000036520

We have received your document for BFD INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000059589 (BF&D, LLC).

Please return the corrected original and one copy of 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 (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 712A00018494

COVER LETTER

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

SUBJECT: Take The Cake Distrib	utors, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFEX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	DPY REQUIRED
FROM: Debra Finucane	e (Printed or typed)	
10220 NW 19th Street		
	Address	
Coral Springs, Florida 3	3071 State & Zip	
954-227-3489 Daytime T	elephone number	
TAKE.THE.CAKE.DISTE E-mail address: (to be use	RIBUTORS@gm d for future annual report	ail.com

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

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the c	NAME Take the Cake Distributors, orporation shall be:	Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
	10220 NW 19th Street		
	Coral Springs, FL 33071		
-	<u> </u>		
ARTICLE III			
	which the corporation is organized is:		
wholesale di	stributor of bakery products		
ARTICLE IV The number of sha	SHARES ares of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
	Fitte: John, L Finucane, Jr., Secretary Nar	ne and Title:	
Address:	10220 NW 19th Street Ad		
71 GG 1 655.	Coral Springs, FL 33071		
Name and T	itle: Debra Finucane, President Na	me and Title	
Address:	10220 NW 19th Street Ad	tress	
Audi cas.	Coral Springs, FL 33071		
	Oolal Ophings, FE Goor 1		
Name and T	Title:Na	me and Title	
Address:	Ad		
			5
ARTICLE VI			
The name and Fl	orida street address (P.O. Box NOT acceptable) of the re	egistered agent is:	AL AL
Name:	Debra Finucane		<u> </u>
Address:	10220 NW 19th Street		50 £ 1
	Coral Springs, FL 33071		[12]
	INCORPORATOR		المراجعة الم
	dress of the Incorporator is:		유로 살 했다.
Name:	Debra Finucane		ER 2
Address:	10220 NW 19th Street		, <i>></i>
	Coral Springs, FL 33071		
Having been nan this certificate, I	ned as registered agent to accept service of process for a um familiar with and accept the appointment as registere	the above stated corp d agent and agree to	poration at the place designated in act in this capacity
Ddo	Thurson.		8/24/12
	Required Signature/Registered Agent		Date
I submit this document to the I	ument and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as p	I am aware that th	
~1. J	Required Signature/Incorporator		0/0///0
10 20	Required Signature/Incornorator		8/24/12 Date
	reduitor pignarate monthoram		Duce