

**P210004218603**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : UNITED AGENT SERVICES LLC  
Account Number : I20210000087  
Phone : (855) 246-2669  
Fax Number : (520) 333-2793

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DPD@GEODEVINC.NET

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SUGAR BLOSSOMS BAKERY INC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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

**ARTICLE I NAME**

The name of the corporation shall be: SUGAR BLOSSOMS BAKERY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5205 Parnell Rd  
Zolfo Springs, FL 33890

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_  
Any and All Lawful Business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

2021 Nov 15 PM 10:05

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALEXA SANCHEZ, DIRECTOR  
Address: 5205 PARNELL ROAD  
ZOLFO SPRINGS, FL 33890

Name and Title: ALEXA SANCHEZ, SECRETARY  
Address: 5205 PARNELL ROAD  
\_\_\_\_\_

Name and Title: JENNIFER SANCHEZ, PRESIDENT  
Address: 5205 PARNELL ROAD  
ZOLFO SPRINGS, FL 33890

Name and Title: JENNIFER SANCHEZ, TREASURER  
Address: 5205 PARNELL ROAD  
ZOLFO SPRINGS, FL 33890

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
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: DEVON P DONALDSON  
 Address: 120 SOUTH ANOKA AVENUE  
AVON PARK, FL 33825

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Patty Scimenti  
 Address: 221 N Broad St  
Middletown, DE 19709

2021-11-15 15:10:23

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 11/15/2021  
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 11/15/2021  
Date