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Florida Department of State

Division of Corporations

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

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14 JUN 26 PM 1:21
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

LATIN BAKERY CAFE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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: LATIN BAKERY CAFE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
20 COCO PLUM DR. # 15
MARATHON, FL 33050

Mailing address, if different is:
SAME

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

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALDO D. DUMENIGO (P/D)
Address: 20 COCO PLUM DR. # 15 MARATHON, FL 33050

Name and Title:
Address:

Name and Title: YANAY COROAS (V/D)
Address: 20 COCO PLUM DR. # 15 MARATHON, FL 33050

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

14 JUN 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(cont.)

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: WALDO D. DUMENIGO

Address: 20 COCO PLUM DR. # 15

MARATHON, FL 33050

ARTICLE VII INCORPORATOR

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

Name: WALDO D. DUMENIGO

Address: 20 COCO PLUM DR. # 15

MARATHON, FL 33050

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

_____ 06/25/2014

Required Signature/Registered Agent 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.

_____ 06/25/2014

Required Signature/Incorporator Date

14 JUN 26 PM 2:45

SECRETARY OF STATE

TALLAHASSEE FLORIDA