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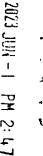
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Cakes of Eden, INC			
		of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certi	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Standi	ng" and check are subm	
Please	return all correspondence concerni	ng this matter to	the following:	
Jesse J	enifer			
		Name of Pe	erson	
Cakes	of Eden INC			
		Firm/Comp	any	
11625	Fox Creek Dr			
		Addres	3	
Tampa	, FL 33635			
		City/State and	Zip code	
jesse@	apronheroes.com			
	E-mail address	: (to be used for	future annual report not	ification)
For fu	rther information concerning this m	atter, please cal	l:	
Jesse Jenifer 845			300-4631	
	Name of Person	Area Code	Daytime Telepho	ne Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee. FL	ction porations
Please	red is a check for the following amore make check payable to: FLORIDA DE 0.00 Filing Fee	EPARTMENT C g Fee & 🗆 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Dalaumra	lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  EIN: 83-3087415				
, · · · · · · · · · · · · · · · · · · ·		(FEI number, if applicable)		-	
01/00/2010	•	•			
(Date	of incorporation)	(Date of duration, if other than perpetual)		-	
6. NA - Have not o	lone any transactins in FL yet				
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ity)	-	
7. 200 Continental I	Drive, Suite 401, Newark, Delaware, 19713				
~	(Principal office	e <u>street</u> address)		•	
11625 fox creek	Dr, Tampa FL 33635				
	(Current mailing	address, if different)			
8. Name and stree  Name:	et address of Florida registered agent: (P.O. Jesse Jenifer	Box NOT acceptable)	2023 JUH - 1 PM 2: 47	a Christian A L	
Office Address:	U625 fox creek Dr		- P	171	
	Tampa	, Florida 33635	4 2:	The state of the s	
	(City)	(Zip code)	<b>1</b>		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel with and accept the obligations of my posi	ent as registered agent and agro lative to the proper and comple	ee to act in this capa	city. I	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

#### A. DIRECTORS Jesse Jenifer Name: ☐ Chairman ☐ Chairman Name: \_\_\_\_\_ Address: 11625 Fox Creek Dr ☐ Vice Chairman ☐ Vice Chairman Address: Tampa FL 33635 □ Director □ Director President □ President □Vice President \_\_\_ □ Vice President □ Secretary ☐Treasurer □ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ Name: Name: \_\_\_\_\_ □Chairman ☐ Chairman ☐ Vice Chairman Address: \_\_\_\_\_\_ ☐ Vice Chairman Address: □ Director Director □ President □President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: ☐ Chairman Name: ☐ Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □ Director □President □President □ Vice President \_\_\_\_ ☐ Vice President ☐ Secretary □ Treasurer □ Secretary □Treasurer □Other \_\_\_\_ □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. Jesse Jenifer

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAKES OF EDEN, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

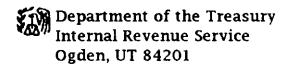
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAKES OF EDEN, INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2019.

at corp delaware gov/aut

Authentication: 203147393

Date: 04-16-23

7221899 8300 SR# 20231332006



In reply refer to: 0457827931 Apr 28, 2023 LTR 147C 83-3087415

CAKES OF EDEN INC 200 CONTINENTAL DR STE 401 NEWARK, DE 19713

Taxpayer Identification Number: 83-3087415

Form(s): 941, 1120S, 940, 943

Dear Taxpayer:

Thank you for your telephone inquiry of April 28th, 2023.

Your Employer Identification Number (EIN) is 83-3087415. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MS. LEVELS 1004489931 Customer Service Representative