# 46000009929

	(Requestor's Name)				
	(Address)				
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	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
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JAN 20 2016 T SCHROEDER

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TASTY BREAD D	DISTRIBUTING	INC		
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				art of Inc. File
			L	TD Partnership File
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			L	.C. File
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Requested by: BA	1/10/16		1	JCC 1 or 3 File
	$\frac{1/19/16}{2}$	Time	(	JCC 11 Search
Name	Date	Time	1	UCC 11 Retrieval
Walk-In	_ Will Pick Up		(	Courier

### ARTICLES OF INCORPORATION

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

AKTICLE I NAME	
The name of this corporation shall be:	TASTY BREAD DISTRIBUTING INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

20736 NW 274<sup>TH</sup> ST OKEECHOBEE, FL 34972

ARTICLE III PURPOSE The purpose for which the corporation is organized is:									
			<u>-</u>						
·									
			•						

## ARTICLE IV SHARES

The Number of shares of stock is: 100

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

Name and Title: CARL HUDSON PRESIDENT

Address:

20736 NW 274 TH ST

OKEECHOBEE, FL 34972

Name and Title: LONI HUDSON VICE PRESIDENT

Address:

20736 NW 274<sup>TH</sup> ST

OKEECHOBEE, FL 34972

16 JAN 10 PH 2: III

# ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

**CARL HUDSON** 

Address:

20736 NW 274TH ST

OKEECHOBEE, FL 34972

#### ARTICALE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

**CARL HUDSON** 

Address:

20736 NW 274TH ST

OKEECHOBEE, FL 34972

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

/S/ CARL HUDSON

Required Signature/Registered Agent

01/19/2016

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 constituetes a third degree felony as provided for in 3.817.155, F.S.

/S/ CARL HUDSON

Required Signature/Incorporator

*01/19/2016* 

Date

P.C. STATE OF STATE