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SECRETARY OF STATE TALLAHASSEE FLORIDA

10/22

W13-59016

#### **COVER LETTER**

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

SUBJECT: C.A.K. E.S. Inc.	
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee & Certificate of

Status

□\$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Chinezé Martinez
Name (Printed or typed)

1086 SW 152nd Place
Address

Miani, FL 33193
City, State & Zip

503-490-7873

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



### RECEIVED

13 NOV -6 AM 9: 48

## FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

October 23, 2013

CHINEZE MARTINEZ 7086 SW 152ND PL MIAMI, FL 33193

SUBJECT: C.A.K.E.S., INC. Ref. Number: W13000059016

We have received your document for C.A.K.E.S., INC. and your check(s) totaling \$78.75. 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.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 313A00024786

www.sunbiz.org

DO DOM GOOD TO 11

ARTICLES OF INCORPORATION
In compliance, with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME The name of the corporation shall be: C.A.K.E.S.	4 Kids Inc
ARTICLE II PRINCIPAL OFFICE	, 1 · · · · · · · · · · · · · · · · · ·
Principal street address:	Mailing address, if different is: P.O Box 966364
MIGHI, FL 33193	Miani, FL 33296
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: 10 be	
moments of life that define	
those that are not financia	ally capable of providing
such memories to their ch	ul dren.
ARTICLE IV MANNER OF ELECTION The manner in w	which the directors are elected and appointed: Oasedoo
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	edge in establishing maintaining that strives to serve the underprivites Directors were selected on an appointing processes.
Name and Title Chineze Harthnez P Name as	nd Title: Turquilla Guy, VI, I
Address 7086 SW 152nd Place Address	5: 7105 N. WILLIAMS AVE
Miani, FL 33193	Portland, OR 97217
Name and Title: Norberto Martine 2D Name a	nd Title: Hichelle Scott, S
Address 7086 SW 152nd place Address	= 7086 SW ISZna place
Miani, FL 33193	Міані, FL 33193€ в в
Name and Title: Name a	nd Title:
Address Address	s: <u> </u>
	RIDE

Name and Title:		Name and Title:	
Address _		Address:	
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_		<u> </u>	
Name and Title:_		Name and Title:	
Address		Address:	
_	A-31-77-70-11-11-11-11-11-11-11-11-11-11-11-11-11		
<b>ARTICLE VI</b> The <u>name and Fl</u>	REGISTERED AGENT  orida street address (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	Chineze Martinez	<u></u>	
Address:	7086 SW 182nd Pl	ace_	
	Miani, FL 33193	<u> </u>	
ARTICLE VII The name and ad-	INCORPORATOR dress of the Incorporator is:		
Name:	Chinezé Martinez		
Address:	7086 SW 182nd Pla	ice	
	HI'9MI, FL 33193	3	
Having been nam certificate, I am fa	ed as registered agent to accept service a miliar with and accept the appointment as	of process for the above stated corpora s registered agent and agree to act in the	tion at the place designated in this is capacity
Chinagé	Required Signature of Registered	Agent	10 16 13 Date
submit this docu. to the Department	ment and affirm that the facts stated herei of State constitutes a third degree felony a	n are true. I am aware that any false in is provided for in s.817.155, F.S.	formation submitted in a document
Chinese	Hartings Required Signature of Incorp	parator	tollogia
	required submitted of intellip		13 NOV -6 PH 4: 30  SECRETARY OF STATE TALLAHASSEE FLORIDA