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TRANSMITTAL LETTER

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

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-06/02/00--01103--023
*****87.50 *****87.50

SUBJECT: DELICIAS BAKERY AND RESTAURANT, 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
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SONIA PEREZ
Name (Printed or typed)
569 WECHSLER CIR.
Address
ORLANDO, FL 32824
City, State & Zip
(407) 855-6217
Daytime Telephone number

FILED
00 JUN -2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CB
6-12-00
2

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:

DELICIAS BAKERY & RESTAURANT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

569 WECHSLER CIR.
ORLANDO, FL 32824

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A BAKERY AND RESTAURANT BUSINESS IN ORLANDO, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) COMMON - NO PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SONIA PEREZ - 569 WECHSLER CIR. ORLANDO, FL 32824
ALVARO GIRALDO - 569 WECHSLER CIR. ORLANDO, FL 32824
RAFAEL ORTIZ - 7424 S.W. 164th CT. MIAMI, FL 33193

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

SONIA PEREZ - 569 WECHSLER CIR. ORLANDO, FL 32824

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SONIA PEREZ - 569 WECHSLER CIR. ORLANDO, FL 32824

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED
JUN - 2 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA