

TRANSMITTAL LETTER

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

SUBJECT: Cake Creations, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003347681--2
-08/07/00--01110--005
*****78.75 *****78.75

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: Abraham Baida
Name (Printed or typed)

12225 S.W. 42 St.
Address

Miami, FL 33175
City, State & Zip

305-485-3382
Daytime Telephone number

FILED
00 SEP - 1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

~~1501
9-1
wc~~



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 11, 2000

ABRAHAM BAIDA
12225 SW 42ND ST.
MIAMI, FL 33175

SUBJECT: CAKE CREATIONS, INC.
Ref. Number: W00000019851

We have received your document for CAKE CREATIONS, 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 document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 487-6995.

Wanda Cunningham
Document Specialist

Letter Number: 400A00043370

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: Cake Creations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12225 S.W. 42 St.
Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business

ARTICLE IV SHARES

The number of shares of stock is:

one

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Abraham Baida
12225 S.W. 42 St.
Miami, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Abraham Baida
12225 S.W. 42nd St.
Miami, FL 33175

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

Abraham Baida
Signature/Registered Agent

Date

8/4/00

Abraham Baida
Signature/Incorporator

Date

8/4/00

FILED
00 SEP -1 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FL 32399