

# PO1000043997

OFFICE USE ONLY (Document #)

## LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)  
**3320 S.W. 87 AVENUE**  
 (Address)  
**MIAMI, FLORIDA (305)552-5973**  
 (City, State, Zip) (Phone #)

300004132023--2  
 -05/02/01--01053--004  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

**TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. LOS 4 DE LA SULTANA BAKERY, INC.  
 (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

RECEIVED  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2001 MAY -2 AM 11:30  
 TO ADVANCE TO SUFFICIENTLY EARLY FILING

Walk in  Pick up time 2.00  
 Mail out  Will wait  Photocopy  Certificate of Status

01 MAY -2 PM 12:37  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: LOS 4 DE LA SULTANA BAKERY, INC.

Enclosed is an original and one (1) copy of the ARTICLES OF INCORPORATION and a check for:

<u>  </u> \$70.00	<u>  </u> <input checked="" type="checkbox"/> \$78.75	<u>  </u> \$122.50	<u>  </u> \$131.2
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificates

FROM:           Nelson I. Diaz            
          Name (printed or typed)

          3501 SW. 107 Ave            
          Address

          Miami, FL 33165            
          City, State & Zip Code

          (305) 554-7724            
          Daytime Telephone Number

ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED  
01/11/11 - 2 PM 12:37  
TAMM  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: LOS 4 DE LA SULTANA BAKERY , INC.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

3501 SW. 107 Ave.  
Miami, Fl. 33165

ARTICLE III : SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares Common Stock, No Par Value

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nelson I. Diaz  
3501 SW. 107 Av  
Miami, FL 33165



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is : LOS 4 DE LA SULTANA BAKERY, INC.

The name and address of the registered agent and office is:

\_\_\_\_\_  
Nelson I. Diaz  
(Name)

\_\_\_\_\_  
3501 SW. 107 Ave  
(Address)

\_\_\_\_\_  
Miami, FL 33165  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent.*

  
Signature

FILED  
01 MAY - 20 2001  
12:37 PM  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Date