	0074909
Requester's Name	
- BIZOT 9175.ESTREAMLETAV	70006247527- -07/08/020104300 *****78.75 *****78
PORT SAINT WULE FL 34983 ORPORATION NAME(S) & DOCU	Office Use Only
(Corporation Name)	(Document #)
(Corporation Name)	O2 JUL 10 PM 1: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Corporation Name)	(Document#)
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy Certificate of Status
NEW FILINGS Profit	AMENDMENTS Amendment
Not for Profit Limited Liability Domestication Other	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION Foreign
Annual Report Fictitious Name	Limited Partnership Reinstatement Trademark

Examiner's Initials VI 7-10-00

CR2E031(7/97)

FLLD

02 JUL TO PM 1:13

SECRETARY OF STATE-TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR, FOR THE PURPOSE OF TORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT; HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME
THE NAME OF THE CORPORATION SHALL BE:
PASCAL'S FRENCH BAKERY INC

ARTICLES II PRINCIPAL OFFICE
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:
307 SE PORT ST LUCIE BLVD,

PORT ST LUCIE FL 34984

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: FIVE HUNDRED (500) SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00) PER SHARE.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:
THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL REGISTERED
AGENT IS:
PASCAL BIZOT
307 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984

ARTICLE V NAME OF INCORPORATOR
THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION ARE:
PASCAL BIZOT
307 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34984

SIGNATURE / INCORPORATOR

DATE

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 TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE DEPENDMENTS OF MY DUTIES.

FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS: DREGISTERED AGENT.

02 JUL 10 PM 1: 10

7-03-02 SECRITARY OF STATE
NATURE/REGISTERED AGENT DATE
TALLAMASSEE, FLORIDA