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(Requestor's Name)		
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(Address)		
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
TALL AHASSEF FLOSION

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## TRANSMITTALLET TER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 □ \$78.75 **□** \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED F ROM: \_\_

Address

Niceville PC 32578

City, State & Zip

850 - 678 - 1280

Daytime Telephone number

NOTE: Pleaseprovidethe originalandone copy of thear ticles.

FILED

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Baker Family Enterprises, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

114 Bullock Boulevard Niceville, Florida 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to provide a broad and diverse array of services and products, including food distribution, education/training services, cost saving innovations, transportation services, and other related enterprises.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (Optional)

The name(s), address(s), and title(s):

ARTICLE VI REGISTERED AGENT

The name and address of the Incorporator is:

Shana M., Baker 114 Bullock Boulevard Niceville, Florida 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark A. Baker 114 Bullock Boulevard Niceville, Florida 32578

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

Signature/Incorporator

Date