**Division of Corporations** 



Florida Department of State **Division of Corporations** Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H030000337227)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)205-0381

From:

Account Name	:	FAS-T CORP. AGENTS,	INC.
Account Number	ŧ	071001002335	
Phone		(305)599-0839	
Fax Number	:	(305)716-0346	

# FLORIDA PROFIT CORPORATION OR P.A.

# LC. BROS. ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

င္ဆ 27 m À ç ည္ဆ

E

1/27/03 4:11 PM



l of 2

803000033722 7

## ARTICLES OF INCORPORATION. OF LC. BROS. ENTERPRISES, INC.

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.

### ARTICLE I NAME

The name of the corporation shall be:

### LC. BROS. ENTERPRISES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

## 5220 NW.72<sup>nd</sup> AVENUE. MIAMI, FL. 33166

#### ARTICLE III SHARES

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

#### <u>1000 SHARES</u>

[T]

AN 8:

ယ္ရ

**SHARES** 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually

## ARTICLE V INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation are:

CARLOS A. SUAREZ	1121 GOLDEN CANE DR. WESTON, FL. 33327	<u>50%</u>
LUIS E. SUAREZ	1121 GOLDEN CANE DR. WESTON, FL. 33327	<u>50%</u>

## ARTICLE VI OFFICERS DIRECTORS

The name(s) And Street Address(es) of the initial officer(s) and director(s), if any, who shall hold the office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

ADDRESS	FITLE
1121 GOLDEN CANE DR. WESTON, FL. 33327	P/T
1121 GOLDEN CANE DR. WESTON FL. 33327	V/S
<u>01/27/03</u>	i Date
	1121 GOLDEN CANE DR. WESTON, FL. 33327

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT

Having been named as a registered agent and to accept services 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 obligation of my position as registered agent.

Signature/Registered Agent Print name: Carlos A Suarez. Address: 1121 Golden Cane Dr. Weston, FL. 33327 01/27/03 Date



Prepared By: Mario Contreras 2536 SW 15 ST. MIAMI, FL. 33145



Division of Corporations Public Access System

# **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000033759 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		
	Division of	Corporations
	Fax Number	: (850)205-0381

From:

Account 1	Name	:	FAS-T CORP. AGENTS,	INC.
Account i	Number	:	071001002335	
Phone		:	(305) 599-0839	
Fax Numb	er	;	(305)716-0346	-

# FLORIDA PROFIT CORPORATION OR P.A.

# HOLLY LAND BAKERY INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

• FILED 03 JAN 27 AN 8:4 SECRETARY OF STATE FALLAHASSEE, FLORID

1/27/03 4:24 PM



1 of 2

B03000033759 9

ź

#### ARTICLE OF INCORPORATION

<u>OF</u>

HOLLY LAND BAKERY INC.

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

#### ARTICLE I NAME

The name of the corporation shall be: HOLLY LAND BAKERY INC.

The principal place of business of this corporation shall be:

2732 NW. 2 nd. AVE. MIAMI, FL.33127

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$ 10.00 = \$1,000.00

#### ARTICLE IV TERM OF EXISTENCE

3

JAN 27

AN 8:4

AHASSEE, FLORI

This corporation is to exist perpetually.

B03000033759 9

803000033759 9

<u>ع</u>ر

2

#### ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

DANNY CRESPO 355 W. 20 ST. HIALEAN, FL. 33012

DIRECTOR

#### ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

DANNY CRESPO 355 W. 20 ST. HIALEAH, FL. 33012 PRESIDENT, SECRETARY & TREASURER 100 shares

Signature/Title

Signature/Title

Signature/Title

803000033759 9

÷

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

. . . . . . .

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1.	The name	of the	corporat	ion is:
	HOLLY	LAND B	AKERY INC.	

2. The name and address of the registered agent and office

is DAMNY CRESPO

(Name)

355 W. 20 ST.

(P. O. BOX NOT ACCEPTABLE)

HIALEAN, FL. 33012

(CITY/STATE/2IP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I PUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUFES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE Des	
DATE 01-27-0う	03 ALL
DATE 01-27-03	
	RY OLE
	FISTA 8

2F F

H03000033759 9