

PO3 0000069220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

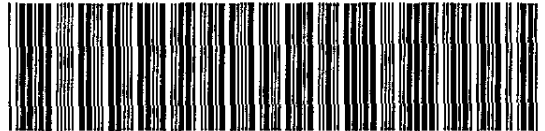
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MONTGOMERY, ALABAMA

6/23



PO300006922

FLORIDA DEPARTMENT OF EDUCATION

JIM HORNE
Commissioner of Education



STATE BOARD OF EDUCATION

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Commitment # 23J-95

Date: 06/16/03

Dear Secretary of State, Division of Corporations

This is a letter of commitment for service(s) as described below for the following individual, who is a customer of the Division of Vocational Rehabilitation:

Customer Vincent Lopez
Social Security # 204-95-8304
Service(s), Date and Expenditure Authorized 630200
Occupational License
\$70.00

The Division of Vocational Rehabilitation will disable its Management Information System for processing of authorizations for purchase of services from June 2, through June 30, 2003. The Division asks that you accept this letter of commitment for this brief period so that service(s) will not be interrupted for the above customer. When the computer system is back on line, an authorization for the above-described service(s) will be generated promptly and forwarded to you for your signature. As in the past, this will be processed to the Division's financial section in Tallahassee for issuance of payment. For your convenience and protection this commitment letter will be logged and tracked and a copy of this letter will be sent to you after July 1st attached to the official Division authorization for purchase of service(s).

We apologize for any inconvenience this interim process may cause. However, we appreciate your willingness to work collaboratively with the Division and this customer in providing uninterrupted services. As always, the Division stands ready to honor commitments made to vendors.

Sincerely,

Vocational Rehabilitation Counselor

To be completed after 7/1 by VR Staff Only

Authorization #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LORETTA COSTIN
Director, Division of Vocational Rehabilitation

10700 Caribbean Blvd. • Suite 204 • Miami, FL 33189-1233
Phone: 305-252-4452 • Fax: 305-252-4320

Toll Free: 1-800-451-4327 (Voice or TTY) • In Tallahassee: 850-488-6210 (Voice or TTY) • Fax: 850-488-8062
Florida Relay Service: 1-800-955-8771 (TTY) • 1-800-955-8770 (Voice) • www.fldoe.org

JM

June 16, 2003

SECRETARY OF STATE
DIVISION OF CORPORATIONS
STATE OF FLORIDA
409 E. Gaines Street
Tallahassee, FL 32399

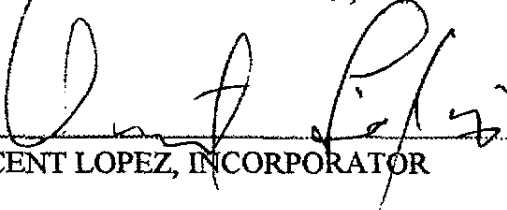
RE: VINCENT'S BAKERY, CAFE AND CATERING, INC.

ENCLOSED HEREWITH ARE THE ARTICLES OF INCORPORATION TOGETHER
WITH A COPY OF SAID ARTICLES FOR VINCENT'S BAKERY, CAFE &
CATERING, INC. AND A CHECK IN THE AMOUNT OF \$ 70 FOR THE
FOLLOWING:

FILING FEE
CHARTER TAX
REGISTERED AGENT

PLEASE BE ADVISED THAT I DO NOT REQUEST A CERTIFIED COPY OF
THE ARTICLES OF INCORPORATION.

RESPECTFULLY SUBMITTED,



VINCENT LOPEZ, INCORPORATOR

ARTICLES OF INCORPORATION
VINCENT'S BAKERY, CAFE AND CATERING, INC.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

FIRST: The name of the corporation is:
VINCENT'S BAKERY, CAFE AND CATERING, INC.

SECOND: The corporation may engage in the transaction of any and all lawful activity or business for which corporations may be incorporated and permitted under the laws of the United States and of the Sate of Florida.

THIRD: The aggregate number of shares of stock that this corporation is authorized to issue is ONE THOUSAND SHARES of one class only: Common stock having NO par value.

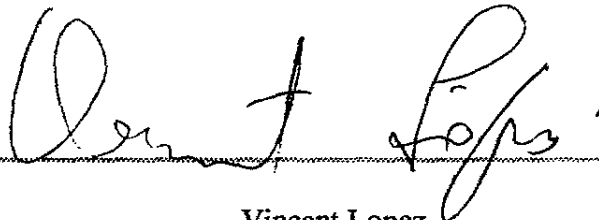
FOURTH: The street address of the initial principal office of the corporation is 18320 S.W. 149th Avenue, Miami, Florida 33187

FIFTH: The name and street address of the member of the first Board of Directors is identical to that of the incorporator shown in paragraph six.

SIXTH: The name and address of the incorporator:

NAME	ADDRESS
Vincent Lopez	18320 S.W. 149 th Avenue Miami, FL 33187

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16th day of June, 2003.



Vincent Lopez

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
VINCENT'S BAKERY, CAFE AND CATERING, INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE WITHIN THIS STATE NAMING AGENT UPON WHOM PROCESS MAY
BE SERVED.

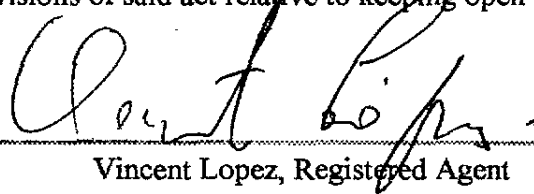
Pursuant to Florida Statutes, the following is submitted, in compliance therewith;

FIRST: That VINCENT'S BAKERY, CAFE AND CATERING, INC., desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation, in the city of Miami, County of Miami-Dade, State of Florida, has named Vincent Lopez, located at 18320 S.W. 149th Avenue, Miami, Florida 33187 as its agent to accept services of process within this state.

ACKNOWLEDGMENT

Having been named to accept services of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

BY:



Vincent Lopez, Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

VINCENT'S BAKERY, CAFE AND CATERING, INC.

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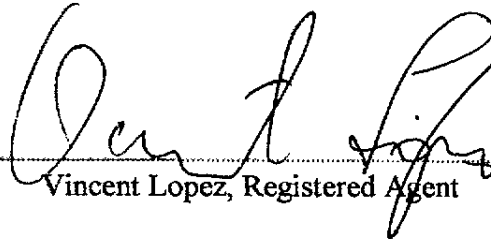
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BY:


Vincent Lopez, Registered Agent

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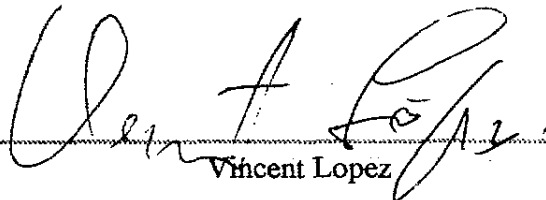
FIFTH: The name and street address of the member of the first Board of Directors is identical to that of the incorporator shown in paragraph six.

SIXTH: The name and address of the incorporator:

NAME
Vincent Lopez

ADDRESS
18320 S.W. 149th Avenue
Miami, FL 33187

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 16h day of June, 2003.



Vincent Lopez

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TALLAHASSEE, FLORIDA