

P03000085361

(Requestor's Name)

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PICK-UP

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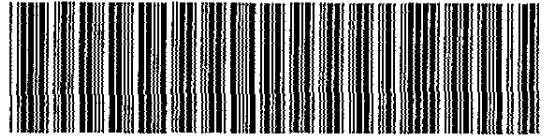
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2/8/5

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. LYNN'S COLOMBIAN BAKERY CAFE #1 CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

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.

ARTICLE I NAME

The name of the corporation shall be;

LYNM'S COLOMBIAN BAKERY CAFE # I CORP

ARTICLE II PRINCIPAL OFFICE

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

1101 N.E. 191 St. Unit H-402
N MIAMI BEACH FL 33179

ARTICLE III SHARES

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

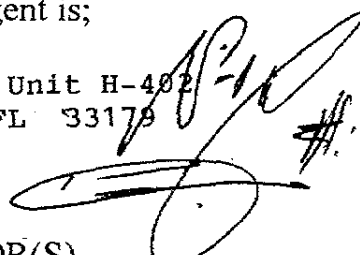
500 shares value of \$ 1.00

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TALLAHASSEE, FLORIDA

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is;

NORBERT H. MENDOZA 1101 N.E. 191 St Unit H-402
N. MIAMI BEACH FL 33179



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if the incorporator(s) to these Article of incorporation is (are);

NORBERT H. MENDOZA 1101 N.E. 191 St. Unit H-402
N. MIAMI BEACH FL 33179

LIZ YENNY MENDOZA 1101 N.E. 191 St. Unit H 402
N. MIAMI BEACH FL 33179

ARTICLE VI DIRECTOR(S)

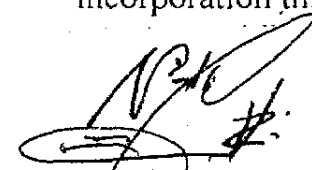
The name(s) and the street address(es) of the director(s) to these Articles of incorporation is (are);

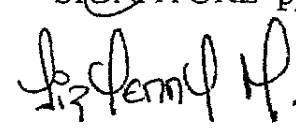
NORBERT H MENDOZA 1101 N.E. 191 St. Unit H-402
N. MIAMI BEACH FL 33179

LIZ YENNY MENDOZA 1101 N.E. 191 St. Unit H-402
N. MIAMI BEACH FL 33179

The undersigned incorporator(s) has(have) executed these Articles of incorporation this 1 day of august, 20 03

NORBERT H MENDOZA


SIGNATURE PRESIDENT TREASURER


SIGNATURE VICE PRESIDENT SECRETARY

LIZ YENNY MENDOZA

SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT /

REGISTERED OFFICE.

Pursuan to the provision of sections 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,

1.- The name of the corporation is; _____
LYNM'S COLOMBIAN BAKERY CAFE # I

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

NORBERT H MENDOZA

NAME

1101 N.E. 191 St. Unit H 402

P.O. BOX NOT ACCEPTABLE

N. MIAMI BEACH FL 33179

CITY/STATE/ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATON 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 ABLIGATIONS OF MY POSITION AS REG


SIGNATURE

1 day of august, 20 03

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA