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SECRETARY OF STATE

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Dessert L		,	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	□ \$78.75 Filing Fee	\$87.50 Filing Fee,	
3	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO	DPY REQUIRED	
FROM:	ON BOBEL	-		
	Name	(Printed or typed)		
	490 ALTERNA			
Address				
,	Palm Honson City,	FR 34683		
	City,	State & Zip	•	
	(517) 785-8	980		
Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 'ARTICLE I NAME The name of the corporation shall be: Dessert Deli Corpony ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 490 Alternate 19 Poly Harbor, Flayers <u> ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: Sell Desselves ARTICLE IV SHARES The number of shares of stock is: 10,000 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): OAN BOBEL, PassideNT 490 ALTEMATE 19 Polis HARBOR, FR 34683 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: DAN BOBEL 490 ALTERNATE 19 Polar HANDON FLAY683 <u>INCORPORATOR</u> The <u>name and address</u> of the Incorporator is: DAN BOBEL 490 Alterrate 19 Palm HANGA, FR 34683 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 DAN BOBE

Signature/Registered Agent_

Signature/Incorporator