## P04000042617

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



700029504607

03/01/04--01069--023 \*\*87.50

O4 MAR -1 PH 6: 12
SECRE LANGE PLOSINA

-113h1

## TRANSMITTAL LETTER

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

SUBJECT: KAS CAKE Emporium Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:  Kimberly Wingste  Name (Printed or typed)  3294 Sheringham Rd  Address  Dr Iando, FL 32808  City, State & Zip  (407) 532-5364  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)	FILED
ARTICLE I NAME	
The name of the corporation shall be:	04 MAR - 1 PM 6: 12
KAS Cake Emporium Inc.	SEUNGIANT OF STATE
	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	•
3294 Sheringham Rol- Orlando, FL32808	
Orimida, FL32 800	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
to provide guntry baked goods-mainly cut	o products-to the
to provide quatry baked goods-mainly cake general public Att A Value, As well as need article IV SHARES	Valunted amount of
ARTICLE IV SHARES	vo sarred community serv
The number of shares of stock is: One	,
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
Director yice President Simberly Winginte 3294 Sheringham Rd	
Secretary Dolumb F1 32918	
Treasurer Orlando, FL32808	
THE HOUTE	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
Kimberly WingAte	
3294 Shenngham Rd	
Orlando, FL32808	-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	÷ .
Kim berly Wingrate,	
3294 Sheringham Rd	
0rland0, FL 132808	
Having been named as registered agent to accept service of process for the above state	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agre	
I had the st	2/-0/24
Signature/Registered Agent	
Signaturo regionale rigoral	Date
Kun berlu (Winañ te)	2/20/04
Signature/Incorporator	Date