

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

amanda bakery inc.

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SECRETARY OF STATE.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

QE

AMANDA 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: AMANDA BAKERY INC.

The principal place of business of this corporation shall be: 1740 PALM AVENUE HIALEAH, FL. 33010

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 \times $10.00 = $1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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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):

ALIN ULLOA 1231 W. 63 ST. HTALEAH, FL. 33012

LORAINE CEPERO 1231 W. 63 ST. HIALEAM, FL. 33012 DIRECTOR

DIRECTOR

PRESIDENT (50 shares)

ARTICLE VI INCORPORATOR (B)

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

ALIN ULLOA

1231 W. 63 ST.

HLALEAH, FL. 33012

LORAINE CEPERO

1231 W. 63 ST.

HIALEAH, FL. 33012

SECRETARY & TREASURER (50 shares)

The undersigned has (have) executed these Article of Incorporation this 16 cb. day of june .2005.

Signature/Title

Signature/Title

Signature/Title

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.

The	name and	address	of t	he re	gistere	ed agen	t and	offi
is	ALIN	ULLOA						
				(Mass	RG)			<u>, , , , , , , , , , , , , , , , , , , </u>
	1231 W.	. 63 ST.				•		

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 FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM PAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

DATE 06-16-05

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