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COVER LETTER

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

SUBJECT: MAMA TOOKIE'S COOKIES AND CAKES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

✓ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
ON (Printed or typed)	
S DRIVE WEST	· · · · · · · · · · · · · · · · · · ·
218 State & Zip	· ••
elephone number	<u> </u>
	Filing Fee & Certified Copy ADDITIONAL CO ON Printed or typed) S DRIVE WEST Address 218 State & Zip

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:

MAMA TOOKIE'S HOMEMADE COOKIES AND CAKES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 11052 LYDIA ESTATES DRIVE WEST JACKSONVILLE, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL BUSINESS

OS OCT 26 PH 1: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT/CEO:ANGELA BROWN-HUDSON 11052 LYDIA ESTATES DRIVE WEST JACKSONVILLE, FL 32218

VICE PRESIDENT: KENNETH HUDSON 6999-02 MERRILL ROAD STE-158 JACKSONVILLE, FL 32277

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: ANGELA BROWN-HUDSON 11052 LYDIA ESTATES DRIVE WEST JACKSONVILLE,FL 32218

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

ANGELA BROWN-HUDSON 11052 LYDIA ESTATES DRIVE WEST
JACKSONVILLE, FL 32218

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

Signature/Registered Agent

Signature/Incorporator

Date

Date