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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

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

SUBJECT: TempTasteTions, Inc.		
(PROPOSED CORPORA Enclosed are an original and one (1) copy of the arti	TE NAME - MUST INCL	
S70.00 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Sebrina Johnson		
Name	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
3726 NW 213 Street	Address	
Miami Gardens, FL 330)55 State & Zip	
(305) 625-7823		

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

Daytime Telephone number

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:

TempTasteTions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3726 NW 213 Street, Miami Gardens, FL 33055

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To operate as a cake baking company

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sebrina Johnson, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sebrina Johnson, 3726 NW 213 Street, Miami Gardens, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sebrina Johnson, 3726 NW 213 Street, Miami Gardens, FL 33055

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