# 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/NON PROFIT CORPORATION

CAKE WOMAN BAKERY CORP.

Certificate of Status	0
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#### ARTICLE OF INCORPORATION

QF.

CARE WOMAN BAKERY CORP.

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: CAKE WOMAN BAKERY CORF.

The principal place of business of this corporation shall be:

11347 West Flagler St.

Mismi,Fl.33174

#### 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 X \$10.00 = \$1,000.00

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually,

### ARTICLE V 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):

HECTOR COMEZ

DIRECTOR

10980 SW. 43 LN. MTAMI, FL. 33165

MARDELY COMEZ 10980 SW. 43 LN. MIAMI, Pl. 33165

DIRECTOR

# ARTICLE VI INCORPORATOR (8)

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

HECTOR COMEZ

PRESIDENT ( 50 shares )

10980 SW. 43 LM. MIANT, WI. 33165

MIAMT, VI.. 33165
MARDELY GOMEZ

SECRETARY & TREASURER ( 50 shares )

10980 SW. 43 LM. MIAMI, FL. 33165

The undersigned has (have) executed these Article of Incorporation this 29 th. day of March \_\_\_\_\_\_, 2006 \_.

Signature Title

Simeture/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 nar	ne and address of the registered agent and office
is	HECTOR GOMEZ IN
•	(Name)
· · · · · · · · · · · · · · · · · · ·	10980 SW. 43 LN.
Tree !	(P. O. BOX NOT ACCEPTABLE)
•	MIAMI, FLORIDA 33165

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 FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE T

DATE 3-28-06

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