

PO6000048980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

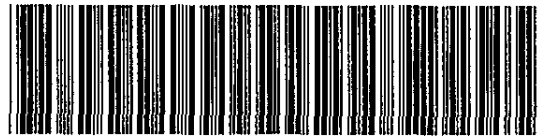
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300069277083

04/04/06-01006-000 418.11

06 APR -4 PM 3:42
SECRETARY
TALL MANSION

1/4

COVER LETTER

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

SUBJECT: Sweet Memories - Cake Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Susan M Bobel
Name (Printed or typed)

1184 Engiswood Pkwy
Address

Palm Harbor Florida 34683
City, State & Zip

727. 804.6565
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)

ARTICLE I NAME

The name of the corporation shall be:

Sweet Memories - Cake Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

969 Virginia Ave.
Palm Harbor Florida 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale Cake Shop (Bakery)

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):

Susan M. Bobel President
1184 Eniswood Pkwy
Palm Harbor Florida 34683

ARTICLE VI REGISTERED AGENT

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

Susan M. Bobel
1184 Eniswood Pkwy
Palm Harbor Florida 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan M. Bobel
1184 Eniswood Pkwy
Palm Harbor Florida 34683

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

Susan M. Bobel
Signature/Registered Agent

3.26.06
Date

Susan M. Bobel
Signature/Incorporator

3.26.06
Date

Susan M. Bobel

5/1/06
06 APR -4 PM 3:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA