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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	m e)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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TRANSMITTAL LETTER

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

SUBJECT:	CARIBEAN FRESH CASSAVE & STUFF, INC.				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
□ \$70.00 Filing Fee	■ \$78.75 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:		ARD, REGISTERED AG	GENT		
	155	NE 131ST Address			
		IAMI, FL. 33161 y, State & Zip			
		285-8835 Telephone number			

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

Please Reform this copy.
Thank you...

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: CARIBEAN FRESH CASSAVE & STUFF, INC.

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Bakey Products

FOURTH

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

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FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

NINTH

The address of the initial Registered Office of the corporation is:
155 N.E. 131ST North Miami, Florida 33161
and the name of it's initial Registered Agent at such address is:
Vergnaud Poliard

TENTH

Address of the principal place of business is: 155 N.E. 131ST North Miami, Florida 33161

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is ONE, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

* Vergnaud Poliard

155 N.E. 131ST North Miami, Florida 33161

TWELFTH

The name and address of each incorporator is:

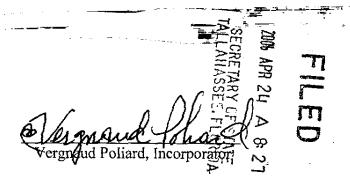
NAME

ADDRESS

* Vergnaud Poliard

155 N.E. 131ST North Miami, Florida 33161

Date: April 14, 2006



Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.