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Division of Corporations'

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FLORIDA PROFIT/NON PROFIT CORPORATION

SALSA CAFE BAKERY INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
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ARTICLE OF INCORPORATION

<u>of</u>

SALSA CAFE BAKERY INC.

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: SALSA CAFE BAKERY INC.

The principal place of business of this corporation shall be: 7470 TWIN SABAL DR. MIAMI LARES,FL. 33014

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 \times $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):

ROBERTO MENDEZ 7470 TWIN SABAL DR. MIAMI LAKES, FL. 33014 DIRECTOR

ARTICLE VI INCORPORATOR(S)

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

ROBERTO MENDEZ 7470 TWIN SABAL DR. MIAMI LAKES.FL. 33014 PRESIDENT, SECRETARY & TREASURER
100 shares

Signature/Title



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Plorida 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.

| 1. | The name of the corporation is: |
|-----|---|
| | |
| 2. | The name and address of the registered agent and office |
| | is ROBERTO MENDEZ |
| | (Name) |
| | 7470 Twin Sabal DR. |
| | (P. O. BOX NOT ACCEPTABLE) |
| | MIAMI LAKES, FL. 33014 |
| | (CITY/STATE/ZIP) |
| | |
| | |
| | ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE |
| | PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR |
| THE | R AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES |
| | ATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY |
| | ITION AS MY POSITION AS REGISTERED AGENT. |
| | |
| | SIGNATURE |
| | DATE5-14-07 |