P08000050311

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (6) | (C) (Z) (D) | . 40 |
| (Cii | ty/State/Zip/Phone | 0 #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| · (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | , |
| | A. LU | INT |
| | MAY 20 | 2008 |
| | FXAMI | NER |

Office Use Only

300129585643

05/19/08--01020--013 **105.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration Division of C | | | | | |
|--------------------------|--|--|--|--------------|---|---|
| SUBJ | ECT: A Cal | ke Lover's Deligh | nt, Inc. | | | |
| | | (Name of Resulti | ng Florida Profit Co | rporatio | n) | |
| conve | | | • | | , and fees are submitted tion" in accordance wit | |
| Please | e return all corr | espondence concernin | g this matter to: | | | |
| Anto | oinette D. J | ones | | _ | | |
| | | (Contact Person) | | _ | | |
| A C | ake Lover's | Delight, Inc. | | _ | SECRETARY OF STATE FLORIDA | |
| | | (Firm/Company) | | | HAY HA | |
| 3184 | 4 Sedona T | | ************************************** | - | 19 SSEE, | |
| | | (Address) | | | FFS D | 1 |
| Jack | sonville, F | L 32208 | | _ | JAIE JAIE | • |
| | (| City, State and Zip Code) | | | | |
| For fu | urther informati | on concerning this ma | tter, please call: | | | |
| Anto | oinette D. J | ones | _at (_904 | ,881 | I -4 901 | |
| | (Name of Co | ntact Person) | | and Day | ytime Telephone Number) | - |
| Enclo | sed is a check | for the following amou | ınt: | | | |
| √\$ 105 | 5.00 Filing Fees | \$113.75 Filing Fees and Certificate of Status | \$113.75 Filing and Certified Cop | | \$122.50 Filing Fees, Certified Copy, and Certificate of Status | |
| STRE | EET ADDRES | S: | MAIL | ING A | ADDRESS: | |
| Divisi Clifto 2661 | tration Section ion of Corporat n Building Executive Cent nassee, FL 323 | ter Circle | P. O. B | n of Cox 632 | orporations | |

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
|--|
| A Cake Lover's Delight |
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a sole proprietorship |
| (Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) |
| first organized, formed or incorporated under the laws of Florida |
| (Enter state, or if a non-U.S. entity, the name of the country) $\sum_{n=0}^{\infty}$ |
| on December 1, 2007 |
| (Enter date "Other Business Entity" was first organized, formed or incomparated) |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: |
| 4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u> |
| A Cake Lover's Delight, Inc. |
| (Enter Name of Florida Profit Corporation) |

| Signed this 13th day of May , 20 08 Signature: Attourt Sum Ound (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.) Printed Name: Antoinette D. Jones Title: Owner | 5. If not effective on the date of filing, enter the ef (The effective date: 1) cannot be prior to nor m document is filed by the Florida Department of effective date listed in the attached Articles of In therein.) | ore than 90 days after the State; <u>AND</u> 2) must be the | e same as the | l |
|---|--|--|---------------|-------|
| Signature: Autoutt Sum Auman, Officer, or, if Directors or Officers have not been selected, an Incorporator.) | Signed this 13th _day of May | , 20_ 08 | ·· | |
| Printed Name: Title: Title: | Signature: Autoutt Signature: (Must be signed by a Chairman, Vice Chairman Officers have not been selected, an Incorporator | , Director, Officer, or, if I | Directors or | |
| TALL | Printed Name: Fitte: | | ZO TALI | |
| SECRETARY OF STATE LLAHASSEE, FLORIDA Fees: | Face | | D D | FILED |

\$35.00

\$8.75 (Optional) \$8.75 (Optional)

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Incorporation: \$70.00

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be:

A Cake Lover's Delight, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3184 Sedona Trail Jacksonville, FL 32208

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Sell baked goods.

ARTICLE IV SHARES

The number of shares of stock is:

100%

INITIAL OFFICERS AND/OR DIRECTORS

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

Antoinette D. Jones- Owner

<u>REGISTERED AGENT</u>

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

Antoinette D. Jones 3184 Sedona Trail Jacksonville, FL 32208

ARTICLE VII **INCORPORATOR**

The <u>name and address</u> of the Incorporator is:

Antoinette D. Jones 3184 Sedona Trail Jacksonville, FL 32208

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/Incorporator

E d bi Avi Bill