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(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
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COVER LETTER

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

SUBJECT:	Sweet Designs (PROPOSED CORPORA)	s by Susan,	Inc
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:
/ \	\$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Susan Clip Name	Of Ger (Printed or typed)	
	2190 Grana	da_Blud Address	
	Kissimmee City,	FL 3474C State & Zip	<u></u>
	407 - 247 - Daytime To		
	Clippy @ Part E-mail address: (to be used	HINK - NET	otification)

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)
The name of the corporation shall be: Sweet Designs by Susan, Inc. 2010 MAR 19 P 1: 08
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 2190 Chanada Blud KISSIMMCE FL 34746
The purpose for which the corporation is organized is: TO OFFER CUSTOM CAKES, COOKIES and bakery items upon request.
ARTICLE IV SHARES The number of shares of stock is: OCO Share S
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Susan G. Cuppinger- President David H. Cuppinger- Vice President
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: SUSAN CUPPINGER 2190 Grana da BIVd KISSIMMKE FC 34746
ARTICLE VII INCORPORATOR The name and address of the Incompanies
The <u>name and address</u> of the Incorporator is: Susan Clippinger 2190 Granada Blud Kissimmee FL 34746
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
Straw Clupinser 3 16 10 Signature/Registered Agent Date
Signature/Registered Agent Date Signature/Incorporator Date Date Date