(Re	questor's Name)	,			
(Ad	dress)				
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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only
RPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
A PIECE OF	CAKE INC.
(Corporation Name)	(Document #)
	;
(Corporation Name)	(Document #)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
O ther	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other
	
	Examiner's Initials
t2E031(7/97)	



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2010

LAZARUS

SUBJECT: A PIECE OF CAKE INC.

Ref. Number: W10000021796



We have received your document for A PIECE OF CAKE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 610A00011165

ARTICLES OF INCORPORATION

OF

ELENA'S PIECE OF CAKE INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

ELENA'S PIECE OF CAKE INC.

ARTICLE II: PRINCIPAL OFFICE AND EMAIL ADDRESS

The principal place of business and mailing address of this corporation shall be:

9108 FOREST HILL BLVD WELLINGTON FL. 33411

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

ELENA WARENS 2301 SW SAN ANTONIO DR PALM CITY FL. 34990

ARTICLE V: INCORPORATOR(S)

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

ELENA WARENS 2301 SW SAN ANTONIO DR PALM CITY FL. 34990

10 MAY -7 PH 12: 2

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

ELENA WARENS - PRESIDENT 2301 SW SAN ANTONIO DR PALM CITY FL. 34990

EFRAIN WARENS - VICE PRESIDENT 2301 SW SAN ANTONIO DR PALM CITY FL. 34990

The undersigned has (have) executed these Articles of Incorporation this 29 Days of April, 2010.

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida 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:

ELENA'S PIECE OF CAKE INC.

2. The name and address of the registered agents and office is:

ELENA WARENS 2301 SW SAN ANTONIO DR PALM CITY FL. 34990

SIGNED	: Corpo	orate	War	ena r)
TITLE:		 		
DATE:_				

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: Gena Waress

DATE:

REGISTERED AGENT FILING FEE: \$20.00