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(Re	equestor's Name)				
(Ac	ddress)				
(Ad	ddress)				
(C	ty/State/Zip/Phone #)			
	□ \A/AIT	MAIL			
☐ FICK-UP	☐ WAIT				
(Bı	usiness Entity Name)				
(Do	ocument Number)				
Certified Copies Certificates of Status					
Charial Instructions to	Filing Officer				
Special Instructions to	riling Onicer.				
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COVER LETTER

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

SUBJECT: Winding Wheel Bakery	, Inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	(Printed or typed)
9734 W. Sample Road	Address
Coral Springs, Florida 3 City,	3065 State & Zip
954-346-5001 Daytime To	elephone number
lawoffice@rolnicknetburr E-mail address: (to be used	1.COM I for future annual report notification)

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)

ARTICLE I N		kery, Inc.					
ARTICLE II P	RINCIPAL OFFICE						
	Principal street address		Mailing address, if different is:				
<u>39</u>	71 NW 126 Avenue						_
Co	ral Springs, Florida 33065						_
_				<u> </u>		-	<u> </u>
ARTICLE III P	IDDOSF						
	ch the corporation is organized is:					MAY	₸1.
The purpose for white	vo.pe e.g				£ 93	ယ	可以
To conduct any and all lawful business						_	1,272
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ARTICLE IV S	HARES				44.4	C.	
	of stock is: 500 @ \$1.00				_		
	•						
ARTICLE V I	NITIAL OFFICERS AND/OR DIREC	CTORS				_	_
	:Mallori Petakas, President/Trea	as. Name	and Title	:Nicholas Pe	<u>takas, Vice-F</u>	res./	Sec.
Address:	5099 Rothchild Drive Coral Springs, Florida 33067	Addr		5099 Rothch	is, Florida 33	067	-
	Corat Springs, Florida 33007			Cordi Shine	is, indida sa	001	
							•
	::	Name	and Title	:			_
Address:		Addr	ess:				_
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Name and Title:		Name	and Title	:			
Address:							
							
			,				_
ARTICLE VI R	EGISTERED AGENT						
	la street address (P.O. Box NOT accepta	ble) of the reg	istered age	nt is:			
Name:	Renee M. Towne						
Address:	9734 W. Sample Road						
	Coral Springs, Florida 33065						
ADOVAL DE LOTT	NCORPORATOR						
	ess of the Incorporator is:		*				
Name:	Renee M. Towne.						
Address:	9734 W. Sample Road						
	Coral Springs, Florida 33065						
Having been named this certificate, I am	as registered agent to accept service of p familiar with and accept the appointment	process for the as registered	e above sta agent and	ated corporation agree to act in th	at the place des is capacity	ignate	d in
	D. (m) 1-			_	10=14.4		
	Required Signature/Registered Ager	whe	<u></u> _	5/	27/11		_
	! Required Signature/Registered Ages	nt			Date		
	ent and affirm that the facts stated here artment of State constitutes a third degree					nitted i	in a
	Coal to	, n			- 107144		
	Required Signature/Incorporator	<u> </u>		;	5/27/11		_
•	Required Signature/Incorporator				Date		