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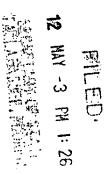
(Requestor's Name) .				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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i /H

COVER LETTER

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

SUBJECT: KREMA TIS	AGAPIS, COSP			
(PROPOSED CORPO	RATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: IVON	N TORRES			
	ame (Printed or typed)			
18895	18895 SW 220 ST			
	Address			
MIAN	MIAMI, FL 33170 City, State & Zip			
Ci	ty, State & Zip			
305	305-342-9107			
Daytim	Daytime Telephone number			
<u>IVONTORRE</u>	S@BELLSOUTH.NET used for future annual report notification)			
L-man address, tto be t	uscu tor tuture attitual report flotification)			

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	NAME KREMA TIS AGAPIS	. CORP	FILED.
The name of the co	rporation shall be:	,	12 MAY -3 PM 1: 27
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is; SW 220 STREET
7	106 SW 117 AVE	<u> 18895</u>	SW 220 STREET
Ā	MAMI, FL 33183	MAIM	I, FL 33170
-			<u> </u>
ARTICLE III			
The purpose for w ICE CREAM	hich the corporation is organized is: STORE		
ARTICLE IV The number of share	SHARES res of stock is: ONE HUNDRED		
	INITIAL OFFICERS AND/OR DIRECTO		
	itle: IVON TORRES - D	Name and Tit	ile: ALICIA T PEREZ - D
Address:	18895 SW 220 STREET		815 N HOMESTEAD BLVD
	MIAMI, FL 33170	 -	BOX 227 HOMESTEAD, FL 33030
			•
Name and Ti	tle:	Name and Tit	tle:
Address:		Address:	
			
		_	
Name and Ti	tle:	Name and Tit	tle:
Address:		Address:	
		<u> </u>	
ADDICT P 17T	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)	of the registered a	gent is:
Name:	TANIA ALVAREZ	or the registered a	5011 13.
Address:	2235 SW 131 PLACE		
	MIAMI, FL 33175		
	,		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	IVON TORRES		
Address:	18895 SW 220 STREET MIAMI, FL 33170		
	MIMMI, FL 33 I 70		
	ed as registered agent to accept service of proc m familiar with and accept the appointment as r		
-	Janin Chores		04-15-2012
	Required Signature/Registered Agent		Date
F £ ta 48. t. 2			and the state of the information architects in
	ment and affirm that the facts stated herein a epartment of State constitutes a third degree felo		
	11) 097		A A
	- Hodi		04-15-2012
	Required Signature Incorporator		Date