

04/27/12
DIVISION OF CORPORATIONS

05:49
AUDIT

P0370 P.001/002
http://www.flsos.com

P/2000054504

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000160589 3)))



H120001605893ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

RECEIVED JUN 15 2012

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BAKERY CREATIONS AT COLLIER, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JUN 15 PM 12:09

FILED

06/18/12

Electronic Filing Menu

Corporate Filing Menu

Help

H12000160589

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

ARTICLE I NAME **BAKERY CREATIONS AT COLLIER, INC**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6878 WEST FLAGLER ST
MIAMI
FLORIDA 33144

Mailing address, if different is:

6878 WEST FLAGLER ST
MIAMI
FLORIDA 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BAKERY GOODS SALES AND MANUFACTURE

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES @ 1.00 PER VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT ANA M CONDIS**
Address: **6878 WEST FLAGLER ST**
MIAMI
FLORIDA 33144

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **ANA M CONDIS**
Address: **6878 WEST FLAGLER ST**
MIAMI FLORIDA 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ANA M CONDIS**
Address: **6878 WEST FLAGLER ST**
MIAMI FLORIDA 33144

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]
Required Signature/Registered Agent

06/15/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

06/15/2012

Date

H12000160589