## P12000054914

(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:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Re	equestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Ac	idress)		
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ECRETARY OF STATE

MP/9/12

## **COVER LETTER**

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

SUBJECT: SPB GROUP CORP		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 —Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	OPY REQUIRED
FROM: ALEX KAINATSKY	(Printed or typed)	
12-24 RIVER ROAD		
FAIR LAWN, NJ 07410	Address State & Zip	
201-794-7163  Daytime Te	elephone number	
TKB1140X@YAHOO.CC	M 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)

ADDICE DE	NAME SER CROUP CORP	
ARTICLE I The name of the o	NAME SPB GROUP CORP corporation shall be:	12 ////
	•	12 JUN 18 AMII: 0
ARTICLE II	Principal of street address	Mailing address, if the rest of the second o
	640 S DIXIE HWY	STATE STATE
	LANTANA, FL 33462	- FI ORIO
ARTICLE III	<b>PURPOSE</b> which the corporation is organized is:	
BAKERY	witten the corporation is organized is.	
ARTICLE IV	SHARES pares of stock is 200	
	INITIAL OFFICERS AND/OR DIRECTO	RS .
Name and		Name and Title: LORA FISHER, VICE PRESIDENT
Address:	640 S DIXIE HWY	
	LANTANA, FL 33462	LANTANA, FL 33462
Name and	Title:	Name and Title:
Address:		Address:
Name and	Title	Name and Title:
Address:	Title.	Address:
1100.000		
ADOVOT D III		
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) c	of the registered agent is:
Name:	DIANA USMANOVA	
Address:	640 S DIXIE HWY	
	LANTANA, FL 33462	
4 TAMES TO 1991		
ARTICLE VII	INCORPORATOR	
Name:	ddress of the Incorporator is:  ALFX KAINATSKY	
Address:	12-24 RIVER ROAD	<del>-</del>
rium ess.	FAIR LAWN, NJ 07410	<del></del>
Having been nar	med as registered agent to accept service of proce am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
dela	16/1mm	06/12/2012
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
12		00/40/0040
-	Regalred Signature/Incorporator	06/12/2012
	Required Signature/Incorporator	Date