P12000058663

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COVER LETTER

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

SUBJECT: Paradise Bakery Suppl	ly, Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL C	OPY REQUIRED
FROM: Milda L. Sainz .	(Printed or typed)	
4591 sw 127 ct		
A	Address	
Miami, FI ,33175 City,	State & Zip	
786-873-2048 Daytime To	elephone number	
Goldteam7@yahoo.com E-mail address: (to be used	for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED

12 JUN 29 PH 12: 29

维心探撞从宣布或自然OFFATERS

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2012

MILDA L. SAINZ 4591 SW 127 CT MIAMI, FL 33175

SUBJECT: PARADISE BAKERY SUPPLY, INC

Ref. Number: W12000030518

We have received your document for PARADISE BAKERY SUPPLY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 412A00015866

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

•	corporation shall be:	арру, шо		
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing address, if di	fferent is:	
	4591 sw 127 ct Miami FI, 33175			
ARTICLE III	PURPOSE			
The purpose for Bakery Sup	which the corporation is organized is: ply Sales			
ARTICLE IV The number of sh	SHARES 100			
ARTICLE V				
	Title: Milda L. Sainz	Name and Title: President		
Address:	4591 sw 127 ct			
	Miami Fl. ,33175	Miami Fl. ,3317	5	
Name and	Title:	Name and Title:		
Address:		Address:		
11				
Name and	Title	Name and Title:		
Address:	True	Address:		
1 1001 0001				
APTICI E VI	REGISTERED AGENT		らい	
	lorida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Milda L. Sainz			
Address:	4591 sw 127 ct		8	
	Miami Fl _,33175			
ADDICE DITT	TENNON A TOP		3	
The name and a	INCORPORATOR Idress of the Incorporator is: 100			
Name:	Milda L. Sainz		O :.	
Address:	4591 sw 127 ct		<u>(</u>	
	Miami Fl ,33175			
Having been nat this certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at t t as registered agent and agree to act in this co	he place designated i spacity	
	Hours.	5/28/	5/28/2012	
	Required Signature Registered Age	ent	Date	
		ain are true I am aware that the false infor	mation submitted in	
I submit this doc document to the	cument and affirm that the facts stated her Department of State constitutes a third degre	the felony as provided for in s.817.155, F.S.		
I submit this doc document to the	cument and affirm that the facts stated her Department of State constitutes a third degree Required Signature/Incorporato	ee felony as provided for in s.817.155, F.S.	3/2012	