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(Re	questor's Name)			
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PICK-UP	₩AIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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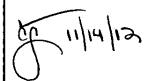


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SECIAL DAPY OF SHALE



COVER LETTER

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

SUBJECT:	Cefering Swee	† Co. TE NAME – MUST INCLI	UDE SUFFIX)	a	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	•	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Shannon C. del Roj Name		***(&.*		
	Lithia, FL 3354	Address		12 NOV -9	LEO BOSIAN EVITOOTIS IA
	(813) 431-0341 Daytime Te			PH 3: 22	CORPORATIONS LY OF STATE LEU
	E-mail address: (to be used	_	otification)		Ο,

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 The name of the corporation shall be: Cefering Sweet Co.	SECRETARY OF ST WISHER OF CORPORT
ARTICLE II PRINCIPAL OFFICE Principal street address 17446 New Cross Cr Lithia, FL 33547	Mailing address, if different is: 7 9 PH 3:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 70 VELL 1	Party unpplies
ARTICLE IV SHARES The number of shares of stock is: /DD	
Name and Title: Channon C. del Korario, CED Address: 1446 New Cross Circle Lithia, FL 33541	Name and Title:
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 Name: Address: 11440 New Cross Cir 11410 FL 33547	the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 1446 New (New Constitution) Lithia, L. 33541	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as registered.	stered agent and agree to act in this capacity
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are to document to the Department of State constitutes a third degree felony	
Required Signature/Incorporator	