

COVER LETTER

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

SUBJECT: Ceferina Sweet Co.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Shannon C. del Rosario
Name (Printed or typed)

1744 6 New Cross Circle
Address

Lithia, FL 33547
City, State & Zip

(813) 431-0341
Daytime Telephone number

shannondelrosario@aol.com
E-mail address: (to be used for future annual report notification)

12 NOV - 9 PM 3: 22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Cefernia Sweet Co.

12 NOV -9 PM 3: 22
Mailing address, if different is: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
17446 New Cross Cir
Lithia, FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL PARTY SUPPLIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Shannon C. del Rosario, CEO</u>	Name and Title: _____
Address: <u>17446 New Cross Cir</u>	Address: _____
<u>Lithia, FL 33547</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Shannon del Rosario
Address: 17446 New Cross Cir
Lithia, FL 33547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shannon del Rosario
Address: 17446 New Cross Cir
Lithia, FL 33547

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

Shannon del Rosario
Required Signature/Registered Agent

11/5/12
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.

Shannon del Rosario
Required Signature/Incorporator

11/5/12
Date