P/2000 82223

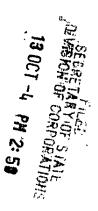
| (Re | questor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: Cre | ma Care Inc. | | • |
|----------------------|--|-------------------------------------|--|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | i 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 CO | PY REQUIRED |
| 11001 | | e (Printed or typed) | |
| 2 | 13 Hartford Ave | | |
| D | aytona, FL 3211 | Address | |
| 38 | City, B6-451-8780 | State & Zip | |
| | • | elephone number | |
| pe | nnterry 59@gmail. | | |
| | E-mail address: (to be use | d for future annual report n | otification) |

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 NA The name of the corpora | ME Crema Cafe Inc. | THE FOR OF TARY |
|--------------------------------------|---|-----------------------------------|
| ARTICLE II PR | INCIPAL OFFICE Principal <u>street</u> address | Mailing address, if different is: |
| 4616 B. S Atla | antic | |
| Ponce Inlet, f | FL 32127 | |
| | | |
| The purpose for which | the corporation is organized is: Coffee | Shop |
| | ; | |
| | | <u> </u> |
| | | |
| | | |
| | Torn Poon | - |
| | | Name and Title: |
| Address | 213 Hartford Ave Daytona Beach, FL 32118 | Address: |
| | | |
| Name and Title: | | Name and Title: |
| Address | | |
| | | • |
| | | |
| | | |
| Name and Title: | | Name and Title: |
| Name and Title: | | Name and Title: |

| Name an | d Title: | Name and Title: | |
|--|---|--|---|
| Address | | Address: | |
| | | | |
| ARTICLE VI | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | Terry Penn | _ | |
| Address: | 213 Hartford Ave | | |
| | Daytona Beach, FL 32118 | - | • |
| ARTICLE VII | INCORPORATOR | | |
| The name and ac | Idress of the Incorporator is: | | |
| Name: | Terry Penn | | |
| Address: | 213 Hartford Ave | | |
| | Daytona Beach, FL | | |
| | ned as registered agent to accept service of process am familiar with and accept th o -appointment as reg | | |
| | | | 9/26/2013 |
| | Required Signature/Registered Agent | | Date |
| I submit this doc document to the l | ument and affirm that the facts stated herein are Department of State constitutes of third degree felon | true. I am aware that the f y as provided for in s.817.1: | false information submitted in a 55, F.S. |
| | 8' | | 9/26/2013 |
| | Required Signature/Incorporator | | Date |