

JUN/26/2014/THU 12:11 PM

P14000055804

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000153789 3)))



H14000153789ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LATIN BAKERY CAFE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

14 JUN 26 PM 1:21

SECRET
TALLAHASSEE, FLORIDA

17 JUN 26 PM 2:45
SECRET
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: LATIN BAKERY CAFE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address20 COCO PLUM DR. # 15MARATHON, FL 33050

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WALDO D. DUMENIGO (P/D)Address: 20 COCO PLUM DR.# 15MARATHON, FL 33050Name and Title: YANAY COROAS (V/D)Address: 20 COCO PLUM DR.# 15MARATHON, FL 33050

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 JUN 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN/26/2014/THU 12:16 PM

FAX No.

P. 003

(cont.)

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: WALDO D. DUMENIGO

Address: 20 COCO PLUM DR. # 15
MARATHON, FL 33050

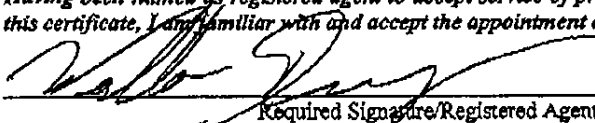
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALDO D. DUMENIGO

Address: 20 COCO PLUM DR. # 15
MARATHON, FL 33050

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

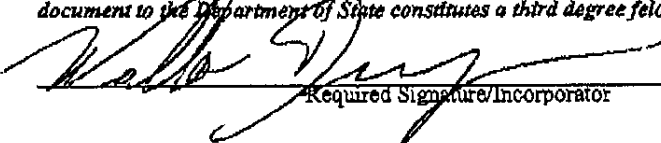


Required Signature/Registered Agent

06/25/2014

Date

I submit this document and affirm that the facts stated hereth 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.



Required Signature/Incorporator

06/25/2014

Date

14 JUN 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA