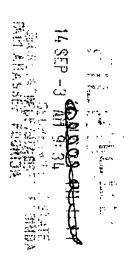
P14000073443

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
ž	Office Use Onl	lv

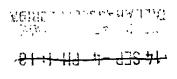


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9/3/14





COVER LETTER

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

SUBJECT: Chti	croissant inc		
GODGECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 o Status
		ADDITIONAL CO	
FROM: P	hilippe Cahagne	e (Printed or typed)	
42	Marshview Dr		
		Address	-
St	Augustine, FI,3		
40	7-920-5953	, State & Zip	
ch	efpastry1@gma	Telephone number Ail.com ed for future appual report	notification)

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)

RTICLE II PRINCIPAL OFFICE Principal street address 25 A1A Beach Blvd		_	Mailing address, if different is: 42 Marshview Dr		
,	ne, FL,32080		tine, FI, 32080		
PTICLE III PU	repose the corporation is organized is: Bake	ry ·			
			74. A		
			7		
	······································				
			ST. B		
TICLE V IN	HARES of stock is: 100 WITIAL OFFICERS AND/OR DIRECT itle: Philippe Cahagne	ORS Name and Title:	TACLA SEP		
TICLE V IN	ITTIAL OFFICERS AND/OR DIRECTN 11e: Philippe Cahagne 42 Marshview Dr		TABLE AND		
Name and T	ortial officers and/or directo	Name and Title:	TACEP - S		
Name and To	Philippe Cahagne 42 Marshview Dr St Augustine,FI,	Name and Title: Address:	TABLAHASSE RESRIES		
Name and To	Philippe Cahagne 42 Marshview Dr St Augustine,FI, 32080	Name and Title: Address: Name and Title:	TARLANDER -3 AM 9 34		
Name and To	Philippe Cahagne 42 Marshview Dr St Augustine,FI, 32080	Name and Title: Address: Name and Title:	TARLANDER - 3 AM 9 St		
Name and To Address Name and To Address	Philippe Cahagne 42 Marshview Dr St Augustine,FI, 32080	Name and Title: Address: Name and Title: Address:	TACLANS TO THE STATE OF THE STA		

Name and	1 Title:	Name and Title:	
Address		Address:	
		_	
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	Be A
Name:	Philippe Cahagne		
Address:	42 Marshview Dr	_	A STATE OF THE STA
	St Augustine, FI,32080	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		W. T.
Name:	Philippe Cahagne	_	
Address:	42 Marshview Dr	_	
	St Augustine, FI, 32080	-	
		_	
Having been nam this certificate, I a	ed as registered agent to accept service of proces in familiar with and accept the appointment as re	s for the above stated corpora existered agent and agree to ac	ation at the place designated in At in this canacity
-	Anol-	<i></i>	August 20,2014
	Regular Septiature/Registered Agent		Date
I submit this does	ument and affirm that the facts stated herein are	true. I am aware that the fa	lse information submitted in a
document to the L	Department of State constitutes a third degree felo	ny as provided for in s.817.15:	5, F.Š.
,			August 20,2014
	Reported Signature/Incorporator		Date
			ا ا
			TASEP
			Carlo
			in a province
			9: 3 (6) 3
			14 SEP -3 AM 9: 31

9/5/2014