P1400085625

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	2 # 1
(C.	.,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
V		
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	o or status
Special Instructions to	Filing Officer:	į
		•
		1
II		j

Office Use Only



900265413929

10/16/14--01012--004 **70.00

FILEU

SECRETARY OF STATE
AND ASSEED, FLORID

10/20/14

COVER LETTER

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

, ų

SUBJECT: CUPCAKE PARADISE, Inc.							
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation and	d a check for:				
\$70.00 Filing Fee	— • · · · · · ·	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL CO	PPY REQUIRED				
FROM: CECELLA A. JACKSON Name (Printed or typed) 8081 Normandy Blvd., Suite 2. Address							
Jacksonville, FL 32221 City, State & Zip							
	(904) 63° Daytime 7 CECELIA@ +		odise. com	14 OCT IS PH			

NOTE: Please provide the original and one copy of the articles.

Cupcake Paradise, Inc. 8018 Normandy Blvd., Suite 2 Jacksonville, Florida 32221 (904) 502-1384

October 9, 2014

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

For Profit Corporation - New Filing

FEIN: 27-5363971

Dear Department of Corporations:

This correspondence is to inform you that I, Cecelia A. Jackson, is the owner of the registered corporate name of Cupcake Paradise, Inc. I am filing a new corporation because I am financially unable to pay the reinstatement fee.

Please see the attached document for the filing of a new corporation under my business name Cupcake Paradise, Inc.

Enclosed please find a business check in the amount of \$70.00, check number 1044. Thank you for your assistance with this matter.

Sincerely,

Cecelia A. Jackson

President

Cupcake Paradise, Inc.

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

FILED

Eion shall be: Cupca)	LE PARABISE		OCT 16 PH 4: 1
CIPAL OFFICE	,	TALL Mailing address, if d	ATTAKY OF STATE ATTASSEE, FLORIDA ifferent is:
	<u>.2</u>		
JE, FL 32221			
	ANY AND	tll LAWFUL	BUSINESS,
tock is:			
•	•	itle:	
	BUB Address:	•	
· · · · · · · · · · · · · · · · · · ·			
Lacksonville, t	<u>-132221</u>	.	
	Name and T	itle:	
	Address:	····	···
	Name and Ti	itle:	
	Principal street address MANDY BLUD., Ste LE, FL 32221 POSE THE CORPORATION IS OFFICERS AND/OR I CECELIA A. JACKSON SUITE 2 Jackson Ville, F	Principal street address MANDY BLVD., Ste. Z UE, FL 32221 POSE THE COrporation is organized is: ANY AND A POSE THE CORPORATION PRESSENGE AND AND A POSI NORMANDY BLVD Address: SUITE Z Tacksonville, FL 32221	WCIPAL OFFICE Principal street address Mailing address, if d Mandy Blud., Ste. Z Ule, FL 37221 POSE DE Corporation is organized is: AND AND ALL LAWFUL RES Stock is: 1 MAL OFFICERS AND/OR DIRECTORS CECELIA A. JACKSON, PRES. Name and Title: SUITE Z Tacksonville, FL 37221 Name and Title: Name and Title: Name and Title:

Name and	Title:	Name and Title:	
Address		Address:	
		·**	
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Jacqueline Blyden		
Address:	8081 Normandy Blud +	Z	
	Jacksonville, FL 3220		
	•		
	<u>INCORPORATOR</u>		
The name and add	ress of the Incorporator is:		
Name:	Cecelia A. Jackson		
Address:	8081 Normanoy Blud., Ste. 2	3	
	JacksonJille, FL 32221		
Having been name	d as registered agent to accept service of process	for the above stated corpora	tion at the place designated in
this certificate, I am	familiar with and accept the appointment as regi	stered agent and agree to ac	in this capacity
	Hyd JACQueline Blyc Required Signature/Registered Agent	den	1019114
			Date
I submit this docum document to the De	nent and affirm that the facts stated herein are to partment of State constitutes a third degree felony	rue. I am aware that the fal as provided for in s.817.155	se information submitted in <mark>a</mark> , F.S.
***************************************	Required Signature/Incorporator CLCLUA A. Jackson		10/9/14
	CECEUR A. Jackson		Date
			∑ % _
			FILEI OCT 16 P WITAKY OF AMASSEE, F
			15.83.4 D = 10.00