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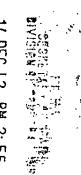
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COVER LETTER

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

SUBJECT: A T	aste of Happines	SS, INC. ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Is	is Arjona		
		e (Printed or typed)	

itastehappiness@gmail.com

E-mail address: (to be used for future annual report notification)

Address

City, State & Zip

Daytime Telephone number

Winter Springs, FI 32708

786-333-4997

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2014

ISIS ARJONA 1004 CAMA COURT WINTER SPRINGS, FL 32708

SUBJECT: A TASTE OF HAPPINESS

Ref. Number: W14000010559

We have received your document for A TASTE OF HAPPINESS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052:

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 314A00003633

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

The name of the corpora	ME A Taste of Ha	ppiness, Inc.	
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if	different in
1004 Cama	· —	waning address, n	different is.
Winter Sprin			
32708	190, 1 1		
	DOSP		· · · · · · · · · · · · · · · · · · ·
The purpose for which	the corporation is organized is:	orporations is organized t	o provide
private cate	ring and public food	services.	
	, ,, ., ., .,		
ARTICLE IV SHA	ARES 2		:VTS
The number of shares of	stock is:		14 C
	TIAL OFFICERS AND/OR DIRECT	<u>ors</u>	DEC
Name and Title	Isis Arjona 🥠	Name and Title:	7
Address	1004 Cama Court	Address:	
	Winter Springs		22 Z
	FI, 32708		<u>n</u>
	Juan Arjona VS		
Name and Title		Name and Title:	
Address	1004 Cama Court	Address:	
	Winter Springs		
•	FI, 32708	_	
Name and Title		Name and Title:	
Address		Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT Inrida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Isis Arjona	-	7
Address:	1004 Cama Court		030 41
	Winter Springs, FI 32708	-	72
ARTICLE VII	INCORPORATOR	-	PH 2:
The name and ad	ldress of the Incorporator is:		55
Name:	Juan Arjona	_	···
Address:	1004 Cama Court	_	
	Winter Springs, FI 32708	_	
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	istered agent and agree to act in	this capacity
	Required Signature/Registered Agent		10 Feb 2014
	Required Signature/Registered Agent		Date
I submit this document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false y as provided for in s.817.155, F	information submitted in a E.S.
		- -	10 Feb 2014
	Required Signature/Incorporator		Date