

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.
 Account Number : I19990000017
 Phone : (305)485-9300
 Fax Number : (305)485-1098

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

Email Address:

This Corporation Will Start Operating on January 15, 2016

FLORIDA PROFIT/NON PROFIT CORPORATION
CAKE PROJECTION PERFORMANCES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

CLARA GIRALDO P.A.
 4080 SW 84 AVE SUITE C
 MIAMI, FL 33155
 (305) 485-9300

(H150002734103)

ARTICLES OF INCORPORATION

OF

CAKE PROJECTION PERFORMANCES, INC

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CAKE PROJECTION PERFORMANCES, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

CAKE PROJECTION PERFORMANCES, INC

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

THIS CORPORATION WILL START OPERATING ON JANUARY 1ST, 2016

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

FILED
15 NOV 16 PM 7:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLE VI

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**MAYRA FRANCO
10384 SW 69 LANE
MIAMI FL, 33173**

The principal office shall be:

**10384 SW 69 LANE
MIAMI FL, 33173**

ARTICLE VII

The initial Board of Directors shall consist of a total of ONE(1) person, and the name and address of the person who is to serve as an initial director is:

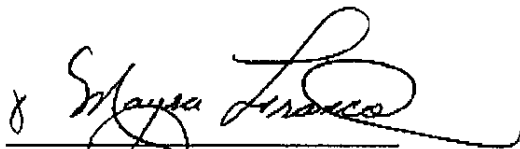
**MAYRA FRANCO
10384 SW 69 LANE
MIAMI FL, 33173**

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**MAYRA FRANCO
10384 SW 69 LANE
MIAMI FL, 33173**

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this NOVIEMBRE 12,2015


MAYRA FRANCO

**CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 415-9300**

(4150002734103)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

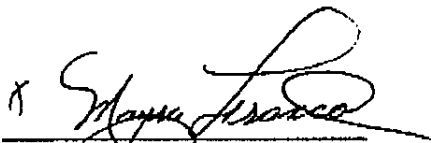
CAKE PROJECTION PERFORMANCES, INC

2. The Name and Address of the registered agent and office is:

**MAYRA FRANCO
10384 SW 69 LANE
MIAMI FL, 33173**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

X 
Dated: NOVEMBER-12, 2015