

P14000007435

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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16 JAN 12 PM 2:56
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

1/27/16

COVER LETTER

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

SUBJECT: Choco Chica Cupcakes & Cookies & Cakes, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jesika Altuve

Name (Printed or typed)

1437 SW 16th Ter

Address

Ft. Lauderdale, FL 33312

City, State & Zip

305-343-4231

Daytime Telephone number

sweets@chocochicacupcakes.com

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

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16 JAN 12 PM 2:57
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Choco Chica Cupcakes & Cookies & Cakes, Inc.

16 JAN 12 PM 2:57

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1437 SW 16th Ter

Ft. Lauderdale, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Creating custom baked goods and assorted sweets and dessert
items for sale.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jesika Altuve

Name and Title: _____

Address 1437 SW 16th Ter

Address: _____

Ft. Lauderdale, FL 33312

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Jesika Altuve

Address: 1437 SW 16th Ter

Ft. Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jesika Altuve

Address: 1437 SW 16th Ter

Ft. Lauderdale, FL 33312

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16 JAN 12 PM 2:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

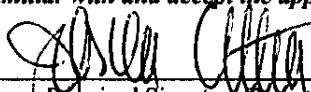
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/7/16

Date

I submit this document and affirm that the facts stated herein 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

1/7/16

Date