

P/6000/00401

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DIVISION OF CORPORATIONS  
2016 DEC 22 PM 2:15

12/23/16

TO: Florida Department of State  
Division of Corporations  
ATTN: Sheila Young

December 19, 2014

From: Tony Bahu.

BONBONS INC.

541 Stately Shoals Trail

Ponte Vedra, FL 32081

248-933-2033

Sheila,

I release Dinky Franchising Inc  
to be used for New filing. No  
intention to REINSTATE.

FED ID# 47-509 2027

Thank you



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## COVER LETTER

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

SUBJECT: DINKY Franchising 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 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: Tony Bahu  
Name (Printed or typed)  
541 Statelty Shoals Trail  
Address  
Ponte Vedra, FL 32081  
City, State & Zip  
248-933-2033  
Daytime Telephone number  
INFO @ DINKYDONUTS.COM  
E-mail address: (to be used for future annual 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)

ARTICLE I NAME

The name of the corporation shall be: DINKY FRANCHISING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

541 Statelyst Shoals Trail  
PONTE VEDRA, FL 32081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

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ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tony Bahu Name and Title: President

Address: 541 Statelyst Shoals Trail Address: \_\_\_\_\_

PONTE VEDRA, FL  
32081

Name and Title: Jennifer Bahu Name and Title: Vice President + Secretary

Address: 541 Statelyst Shoals Trail Address: \_\_\_\_\_

PONTE VEDRA, FL  
32081

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: Tony Bahu  
Address: 541 STATELY Shoals Trail  
PONTE Vedra, FL 32081

**ARTICLE VII INCORPORATOR**

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

Name: Tony Bahu  
Address: 541 STATELY Shoals Trail  
PONTE VEDRA, FL 32081

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DIVISION OF CORPORATIONS  
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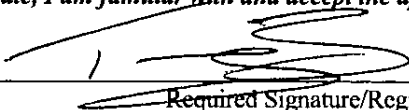
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*

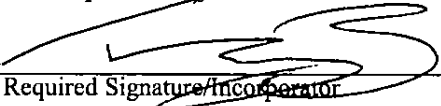


Required Signature/Registered Agent

12/19/16

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

12/19/16

Date