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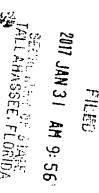
(Requestor's Name)				
(Address)				
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PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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COVER LETTER

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

SUBJECT:	: UNITED CAKES OF AMERICA, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED 		
FROM:		dreia Pedroso e (Printed or typed)			
	69	1 Sorrento St.			
		Address			
Orlando, FL 32819					
	•	State & Zip			
	(404) \$29-0798 Daytime T	elephone number			
	Condrua . pidro E-mail address: (to be use	OF Ame RIC عرص مهر d for future annual report i	A. COM 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)

The name of the corpor		ΓED CAKES OF AMERIC	A, INC. 2017 JAN 2.
RTICLE II PRIN			A, INC. 2017 JAN 3 / AM 9: 56 Mailing address, if different is: 1/4 FE Mailing address, if different is: 1/4 FE Mailing address, if different is: 1/4 FE
911 Sorrento St.			- CORIDA
Orlando, FL 32819			
	POSE the corporation is organized neorporated under the Florida		and all lawful businesses for which
RTICLE IV SHAL) F C		
RTICLE V INITI	AL OFFICERS AND/OR D	ent	
<i>RTICLE V INITI</i> Name and Tit	AL OFFICERS AND/OR D. Andreia Pedroso, Preside	nt Name ar	nd Title:
IRTICLE V INITI	AL OFFICERS AND/OR D	ent	
RTICLE V INITI	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St.	nt Name ar	
RTICLE V INITI Name and Tit Address	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St. Orlando, FL 32819	Address	:
Name and Tit Address Name and Tit	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St. Orlando, FL 32819	Address Name ar	d Title:
RTICLE V INITI Name and Tit Address	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St. Orlando, FL 32819	Name ar Address Name ar Address	d Title:
Name and Tit Address Name and Tit	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St. Orlando, FL 32819	Name ar Address Name ar Address	d Title:
Name and Tit Address Name and Titl Address	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St. Orlando, FL 32819	Name ar Address Name ar Address Address	d Title:
Name and Tit Address Name and Titl Address	AL OFFICERS AND/OR D. Andreia Pedroso, Preside 6911 Sorrento St. Orlando, FL 32819	Name ar Address Name ar Address Address	d Title:

Name and	d Title:	Name and Title:_	
Address		Address: _	2017 JAN 31 AM 9: 56
		TZ	SECULIARIO ES OTOS
		_	LEAIMSSEE, FLORIDA
		<u> </u>	
ADTICLEU	DECISTEDED ACENT		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered ager	at is:
Name:	Andreia Pedroso		
Address:	6911 Sorrento St.		
	Orlando, FL 32819		
			
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Andreia Pedroso	_ -	
Address:	6911 Sorrento St.	_	
	Orlando, FL 32819		
	EFFECTIVE DATE:	40.55	
	other than the date of filing:ate is listed, the date must be specific and cann		
	inserted in this block does not meet the applicable	e statutory filing requ	uirements, this date will not be listed as
	fective date on the Department of State's records		·
Having been nan	ned as registered agent to accept service of proces	ss for the above state	ed corporation at the place designated in
this certificate, I a	im familiar with and accept the appointment as re	egistered agent and a	gree to act in this capacity
	Qule		01/25/2017
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
	Quild		
Requir	red Signature/Incorporator		01/25/2017 Date

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