

JUL/18/2017/TUE 12:51 PM

FAX No.

P. 001

P 17000061257

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000187662 3)))



H170001876623ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EXCLUSIVE DREAM KITCHEN CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
17 JUL 18 PM 3:22
CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JUL 19 2017

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

ARTICLE I NAME EXCLUSIVE DREAM KITCHEN CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

13132 SW 185 TERRACE

MIAMI, FL 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CÉSAR GONZÁLEZ (P)

Name and Title: _____

Address 13132 SW 185 TERRACE

Address: _____

MIAMI, FL 33177

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: CESAR GONZALEZ
Address: 13132 SW 185 TERRACE
MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CESAR GONZALEZ
Address: 13132 SW 185 TERRACE
MIAMI, FL 33177

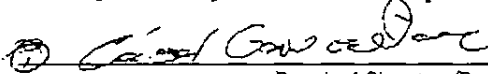
ARTICLE VIII EFFECTIVE DATE:

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

_____ 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

_____ Date