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| (Requ | uestor's Name) | | | |
|---|----------------|-------------|--|--|
| (Address) | | | | |
| (Addr | ess) | | | |
| (City/ | State/Zip/Phon | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

N. SAMS

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Add EIN - 46-5007437

COVER LETTER

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

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| rananassee, 115 525 | 11 | | • |
|-----------------------|---|--|-------------------------|
| SUBJECT: | CH STAR BAKE (PROPOSED CORPORA | RY VOC D | UDE SUFFIX) |
| Enclosed are an orig | inal and one (i) 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 ADDITIONAL CO | & Certificate of Status |
| | | | |
| FROM: | Jose A Roch | | |
| | 330 SW 1 | OU Court Address | |
| | Miami FL City. | 33174 State & Zip | |
| | 786 – 260 Daytime T | - 9308 9:00 An | 1 5: DA |
| | Acosta esteveza car O Gaar E-mail address: (to be used | d for future annual report | notification) |

NOTE: Please provide the original and one copy of the articles.

Add EIN 465007437

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

| ARTICLE I NAME The name of the corporation | n shall be: Daly Star | BAKERY (| Porb. |
|---|--|--|----------------------------------|
| ARTICLE II PRINCII 330 See 10 Higm, FL | PAL OFFICE | . / | Mailing address if different in |
| | | Led Goods | Stores. |
| | | | 18 0CT 29 |
| ARTICLE IV SHARES The number of shares of ste | i ock is: | | PM12: 44 |
| ARTICLE V INITIAL | OFFICERS AND/OR DIRECTORS | No. of the state o | Parichat. |
| Address | Jose A Kodriguez 330 SW 104 CT Hom: FL 33174 | Address: | 330 SW 104 CT Alcini FL 33174 |
| - | · | | |
| | | | |
| - | | | |
| | | Address: _ | |
| _ | | • | |

1Jd EIN 46-5007 +37

| Name and Tit | tle: | Name and Title: | | |
|---|--|---------------------------------------|--------------------|---------------------------|
| Address | <u> </u> | Address: | | |
| | | | | |
| | | | | |
| | | | | |
| | SISTERED AGENT | | | |
| | a street address (P.O. Box NOT acceptable) of | | | |
| Name: | Jose A Rodriguez | _ | | |
| Address: | Jose A Rodrigues 330 SW 104CT Hom. FL 33174 | | . ` | 18 00 |
| _ | Homi FL 33174 | _ | | 0CT 29 |
| | | | - | 9 |
| ARTICLE VII INC | <u>ORPORATOR</u> | | - | = 1 |
| The <u>name and addre</u> | ss of the Incorporator is: | | -1.05.1 | FH 12: 나나 |
| Name: | José A Rooniques | _ | | ₹ |
| Address: | 330 Sa) 104 CT | | | |
| | Aami Fl 33174 | _ | | |
| ARTICLE VIII EF | FECTIVE DATE: | | | |
| Effective date, if othe (If an effective date i | r than the date of filing: | (OPTIONA ot be more than five days | AL) sprior or ' | 90 days after the |
| filing.) | | | | |
| | erted in this block does not meet the applicable ive date on the Department of State's records. | | nts, this da | ate will not be listed as |
| | as registered agent to accept service of proces amiliar with and accept the appointment as re | | | |
| | $\gamma \omega$ | | | 10/23/18 |
| | Required Signature/Registered Agent | | | Date |
| - I submit this docume | nt and affirm that the facts stated herein are | true. I am aware that the | e false info | ormation submitted in a |
| | urtment of State constitutes a third degree felor | | | |
| | XX | | | 1923/18 |
| Required | Signature/Incorporator | | | Date |