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(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

PANDEBONO BAKERY INC

SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: AT	PLUS CORP		
818	Nam 0 NW 36 ST STE 406	e (Printed or typed)	
		Address	
DO	RAL FL 33166		
	City	, State & Zip	
305	-406-3800		
	Daytime	Felephone number	
· ATE	PLUS@LIVE.COM		
	E-mail address: (to be use	ed for future annual report	notification)

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

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **AMPARO CADAVID**, who after being firstly duly sworn, under oath, deposes and says:

- 1. The undersigned is also the sole Director and the President of **PANDEBONO BAKERY INC**, a Florida corporation to be filed with the Florida Department of State on or about **October 16, 2018**.
- 2. The undersigned hereby consents to and authorizes the use by PANDEBONO BAKERY INC. of the name PANDEBONO BAKERY INC.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA)
) SS:

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Amparo Cadavid, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official scal this 16th day of October, 2018

Jenny Celis
COMMISSION # GG256873
DOPIRES September 10, 2022 Notary
Bonded Thru Aaron Notary

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

aren per	IOID II OFFICE				
<u>ICLE II PRI:</u>	Principal street address			Mailing address, if different is:	
3 SW 8TH ST		-			
AMI FL, 33144					
FICLE III PUR purpose for which	POSE 1 the corporation is organized is	: ANY AND	ALL LAWFUL	BUSINESS.	
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					- J
	of stock is:				AM 10: 32 0: 5 24 E. Fri days
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number of shares	of stock is: IAL OFFICERS AND/OR DIR tle: 7472 SW STH ST	ECTORS PD		:le:	
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Name	and Title:	Name and Title:	
Addro	ess	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)) of the registered agent is:	
Name:	AMPARO CADAVID	<u></u>	
Address:	7473 SW 8TH ST		
	MIAMI FL, 33144		2018 SEC ALL
		_	2018 NOV - 7 AM 10: 3 SECRETARY OF STAN
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		ARY SSE
The name and	address of the Incorporator is:		
Name:	AMPARO CADAVID		AH IO: 32 Of S.D.H.
Address:	7473 SW 8TH ST		÷∴ 3 >
	MIAMI FL, 33144		
			
ARTICLE VII	I EFFECTIVE DATE:	OPETON	
(If an effective	if other than the date of filing:e date is listed, the date must be specific and can		
filing.)			
	ate inserted in this block does not meet the applicab s effective date on the Department of State's record		ents, this date will not be list
the document	refrective date of the Department of State 3 record		
	amed as registered agent to accept service of proc I am familiar with and accept the appointment as		
		regimereu ugeni unu ugree i	
topar	Required Signature/Registered Agent		10 - 16 - 20 18 Date
	,	re true I am aware that th	
I submit this 2	OCUMPNI ANA AITIPM INAI THE IACIS SIAISA MEROM A	TE THE. I WITE UNUIL (IIU) [/]	ic juise injointation suumtti
	locument and affirm that the facts stated herein a ne Department of State constitutes a third degree fel		