Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 LA ARTESA BAKERY CORP.

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

DIBOCT 15 PM 3:27 ECRETARY OF STATE TALLAHASSEF, E

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

EFFECTIVE: 1-1-19

ARTICLE I NAME: The name of the corporation is:

LA Artesa Bakery CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
445 NW 4ST Aptod 615 Kligm, FC 33/28
<u> </u>
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
(P) Michael Walter De la Cruz (V) Jenis Pena Acevedo.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is: Michael Walter De La Cruz
445 NW 4 ST ADT (015
MIAMI FL 33128
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Michael Watter De La Cruz
145 NW 4 ST Apt 615 Miami El 22128
<u> </u>

Required Signatures:

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

	and agree to act in this capacity
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.

Date