

P19000087451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

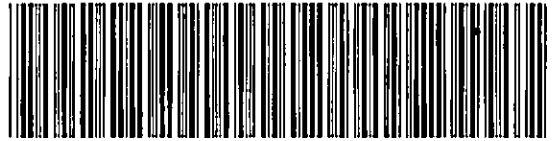
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/24/19--01008--015 **70.00

N SAMS
NOV 27 2019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 NOV 26 PM 1:14

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2019

MARIA E RUIZ
7750 SW 117TH AVE SUITE 201D
MIAMI, FL 33183 US

SUBJECT: NORA'S ARTISAN BAKERY INC
Ref. Number: W19000099278

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2019 NOV 26 PM 1:14
STATE DEPARTMENT OF
CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for NORA'S ARTISAN BAKERY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 819A00023266

2019 NOV 26 PM 12:06

COVER LETTER

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

SUBJECT: NORA'S ARTISAN BAKERY INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: MARIA E RUIZ
Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D
Address

MIAMI FLORIDA 33183
City, State & Zip

3055952407
Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

September 28, 2019

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

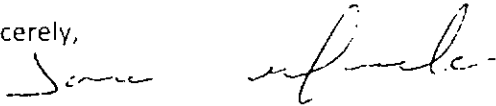
Re: Nora's Artisan Bakery Inc

To whom it may concern:

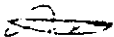
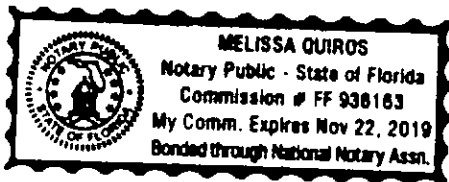
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Jose G. Moncada



ARTICLES OF INCORPORATION

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

ARTICLE I NAME NORA'S ARTISAN BAKERY INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10233 NW 51 TERRACE

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33178

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

ANY AND ALL LEGAL PURPOSE

The purpose for which the corporation is organized is: _____

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SECRETARY OF STATE
-ALL INFORMATION ON FILE-

ARTICLE IV SHARES

The number of shares of stock is: 100 e \$1.00 ea

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE G. MONCADA, PRES Name and Title: _____

Address 10233 NW 51 TERRACE Address: _____

HIALEAH FLORIDA 33178 _____

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: JOSE G. MONCADA
 Address: 10233 NW 51 TERRACE
MIAMI FLORIDA 33178

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 STATE DEPT OF REVENUE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JOSE G. MONCADA
 Address: 10233 NW 51 TERRACE
MIAMI FLORIDA 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ~~10/05/2019~~ 10/31/19 (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

Jose Moncada
 Required Signature/Registered Agent

09/27/2019
 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.

Jose Moncada
 Required Signature/Incorporator

09/27/2019
 Date