

12/18/2019

P19000-093 951

Division of Corporations
Florida Department of StateDivision 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.

(((H19000364760 3)))



H190003647603ABC3

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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
VALERIO'S BAKEHOUSE INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: VALERIO'S BAKEHOUSE INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

321 BEADLEY COURTJACKSONVILLE, FL 32225**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR
WHICH A CORPORATION MAY BE ORGANIZED UNDER THE CORPORATION LAWS OF THE STATE OF
FLORIDA.

ARTICLE IV SHARESThe number of shares of stock is: 1,000,000.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ARIOSTO VALERIO, Jr., PRESIDENT Name and Title: KATHLEEN VALERIO, SECRETARYAddress: 321 BEADLEY COURTAddress: 321 BEADLEY COURTJACKSONVILLE, FL 32225Name and Title: KATHLEEN VALERIO, TREASURER

Name and Title: _____

Address: 321 BEADLEY COURT

Address: _____

JACKSONVILLE, FL 32225

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: ARIOSTO VALERIO, Jr.
 Address: 321 BEADLILY COURT
JACKSONVILLE, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ARIOSTO VALERIO, Jr.
 Address: 321 BEADLILY COURT
JACKSONVILLE, FL 32225

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.)

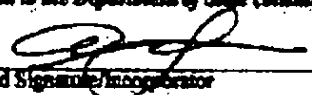
Noting: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

x 
 Required Signature/Registered Agent

x 12/18/19
 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 §817.155, F.S.

x 
 Required Signature/Incorporator

x 12/18/19
 Date