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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
ANDY'S FAMOUS CAKES & MORE CORP

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ANDY'S FAMOUS CAKES & MORE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8715 SW 152ND AVE APT 310MIAMI, FL 33193**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDY SOCARRAS MARQUEZ (P)

Name and Title: _____

Address: 8715 SW 152ND AVE APT 310

Address: _____

MIAMI, FL 33193

Name and Title: _____

Name and Title: _____

Address: _____

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Name and Title: _____

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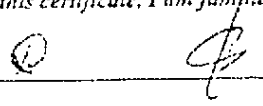
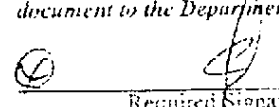
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ANDY SOCARRAS MARQUEZ
Address: 8715 SW 152ND AVE APT 310
MIAMI, FL 33193ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: ANDY SOCARRAS MARQUEZ
Address: 8715 SW 152ND AVE APT 310
MIAMI, FL 33193ARTICLE 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.)

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:* _____ 2/5/2020
Required Signature/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.* _____ 2/5/2020
Required Signature/Incorporator Date