

P20000052852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

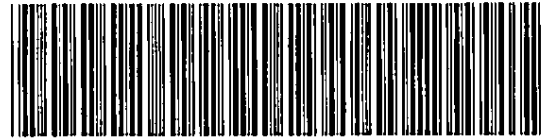
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/20/20 --01013--020 *\$70.00

2020 JUL 20 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

JUL 20 2020

COVER LETTER

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

SUBJECT: Cake Boss Cakes
(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: Kelly Gaines Sr
Name (Printed or typed)
560 McNeal Dr
Address
Deltona FL 32725
City, State & Zip
386-601-1811
Daytime Telephone number
Kellygaines1@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Cake Boss Cakes, Inc

2020 JUL 20 PM 12:01

ARTICLE II PRINCIPAL OFFICE

Principal street address

560 McNeal Dr

Deltona FL 32725

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

all legal business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kelly Gaines (P)

Name and Title:

Address

560 McNeal Dr

Address:

Deltona FL 32725

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: Kelly Gaines Sr
Address: 560 McNeal Dr
Deltona FL 32725

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kelly Gaines Sr
Address: 560 McNeal Dr
Deltona FL 32725

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TALLAHASSEE, FL

FILED

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.)

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

Kelly Gaines Sr
Required Signature/Registered Agent

7-20-20
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.

Kelly Gaines Sr
Required Signature/Incorporator

7-20-20
Date