

P200000 85036

Florida Department of State
Division 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.

((H200003781163)))



H200003781163ABC

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : 128180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Bake Bahamas Inc

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

2020 OCT 30 PM 2:40

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

Electronic Filing Menu

Corporate Filing Menu

Help

2020 OCT 30 PM 2:40

((H20000378116 3)))

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be Bake Bahamas Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

5007 North Hiatus Road
Surfside, FL 33351

Mailing address, if different is:

P O Box 682907,
Park City, UT 84068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is.

Retail and Wholesale Sales

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Barbara Outten, Director, President, Treasurer

Address P O Box F43144
Freeport, , BS, 00000

Name and Title Troy Outten, Secretary

Address: P O Box F43144
Freeport, , BS, 00000

Name and Title _____ Name and Title _____

Address _____ Address _____

Name and Title _____ Name and Title _____

Address _____ Address _____

((H20000378116 3)))

((H20000378116 3)))

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: ACR Bookkeeping Service Plus LLC
Address: 1000 W McNab Road #141,
Pompano Beach, FL, US, 33069

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anna Manukyan
Address: 10601 Clarence Drive Suite 250
Frisco, TX 75033

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

Required Signature/Registered Agent
10/30/2020
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.

Required Signature/Incorporator
10/28/2020
Date

((H20000378116 3)))