

12/22/2020

P20000098314

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ISAMAR TORRES
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
CAKES FANTASY CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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*File
12/22/20*

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Cakes Fantasy Corp
(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: Paula M. Vargas
Name (Printed or typed)

6380 West 27 Ave. Apt. 22
Address

Hialeah FL 33016
City, State & Zip

786-320-3393
Daytime Telephone number

jackiejaim@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

Cakes Fantasy CorpARTICLE II PRINCIPAL OFFICE

Principal street address

6380 West 27 Ave. Apt. 22
Hialeah Fl. 33016

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pastries, Cakes etc.ARTICLE IV SHARES

The number of shares of stock is:

100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Paula M. Vargas - P

Address

6380 West 27 Ave.Apt. 22Hialeah Fl. 33016

Name and Title:

Juan C. Uribe - VP

Address:

6380 West 27 Ave.Apt. 22Hialeah Fl. 33016

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____ Name and Title: _____

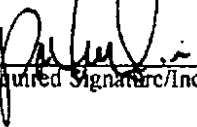
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Paula M. VargasAddress: 6380 West 27 Ave. Apt. 22
Hialeah Fl. 33016**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Paula M. VargasAddress: 6380 West 27 Ave. Apt. 22
Hialeah Fl. 33016**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 12/22/20 (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 Agent12/22/20

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.*

Required Signature/Incorporator12/22/20

Date