

6/28/2021

Division of Corporations

P21000060325

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

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Account Name : TPBS CORP
Account Number : I20190000112
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CLAUDIA'S CAKE CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
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JUN 29 2021

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: CLAUDIA'S CAKES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9352 NW 120TH ST APT 528

HIALEAH GARDENS, FL 33018

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: ROYLAN PENA ALPIZAR
PRESIDENT

Address

9352 NW 120TH ST APT 528

HIALEAH GARDENS, FL 33018

Name and Title: CLAUDIA PEREZ MURGUIA
VICE PRESIDENT

Address:

9352 NW 120TH ST APT 528

HIALEAH GARDENS, FL 33018

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: ROYLAN PENA ALPIZAR
Address: 9352 NW 120TH ST APT 528
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROYLAN PENA ALPIZAR
Address: 9352 NW 120TH ST APT 528
HIALEAH GARDENS, FL 33018

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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

X [Signature] Required Signature/Registered Agent 6-28-2021 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.

X [Signature] Required Signature/Incorporator 6-28-2021 Date