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

From:
Account Name : UNITED AGENT SERVICES LLC
Account Number : I20210000087
Phone : (855)246-2669
Fax Number : (520)333-2793

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DPD@GEODEVINC.NET

**FLORIDA PROFIT/NON PROFIT CORPORATION
SUGAR BLOSSOMS BAKERY INC**

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Electronic Filing Menu

Corporate Filing Menu

Help

2021-11-15 PM 4:23

2021-11-15 PM 10:35

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SUGAR BLOSSOMS BAKERY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5205 Parnell RdZolfo Springs, FL 33890**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any and All Lawful Business**ARTICLE IV SHARES**100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ALEXA SANCHEZ, DIRECTORName and Title: ALEXA SANCHEZ, SECRETARYAddress: 5205 PARNELL ROADAddress: 5205 PARNELL ROADZOLFO SPRINGS, FL 33890Name and Title: JENNIFER SANCHEZ, PRESIDENTName and Title: JENNIFER SANCHEZ, TREASURERAddress: 5205 PARNELL ROADAddress: 5205 PARNELL ROADZOLFO SPRINGS, FL 33890ZOLFO SPRINGS, FL 33890

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

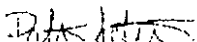
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: DEVON P DONALDSONAddress: 120 SOUTH ANOKA AVENUE
AVON PARK, FL 33825**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Patty ScimantiAddress: 221 N Broad St
Middletown, DE 19709

2021-11-15 PM 10:23

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 Agent11/15/2021
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.*
Required Signature: Incorporator11/15/2021
Date