# P2200002351

| (Rec                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | iress)            |             |
| (Add                      | dress)            |             |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | WAIT              | MAIL        |
| (Bus                      | siness Entity Nan | ne)         |
| (Doc                      | cument Number)    | ·           |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   | <u> </u>    |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |

Office Use Only



600379012736

01/11/22--01020--013 \*\*70.00

ALLAHASSEE. FLOR

RECEIVED

2022 JAN 11 PM 4: 08
SECRETARY OF STATE
TAILAHASSEE, FL

FILED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Vera's Cake's & I | Dessert's INC. |       |                                |
|-------------------|----------------|-------|--------------------------------|
|                   |                |       |                                |
|                   |                |       |                                |
|                   |                |       |                                |
|                   |                |       |                                |
|                   |                |       | Art of Inc. File               |
|                   |                |       | LTD Partnership File           |
|                   |                |       | Foreign Corp. File             |
|                   |                |       | L.C. File                      |
|                   |                |       | Fictitious Name File           |
|                   |                |       | Trade/Service Mark             |
|                   |                |       | Merger File                    |
|                   |                |       | Art, of Amend, File            |
|                   |                |       | RA Resignation                 |
|                   |                |       | Dissolution / Withdrawal       |
|                   |                |       | Annual Report / Reinstatement  |
|                   |                |       | Cert. Copy                     |
|                   |                |       | Photo Copy                     |
|                   |                |       | Certificate of Good Standing   |
|                   |                |       | Certificate of Status          |
|                   |                |       | Certificate of Fictitious Name |
|                   |                |       | Corp Record Search             |
|                   |                |       | Officer Search                 |
|                   |                |       | Fictitious Search              |
| Signature         |                |       | Fictitious Owner Search        |
| Signature         |                |       | Vehicle Search                 |
|                   | <del></del>    |       | Driving Record                 |
| Requested by:     |                | _     | UCC 1 or 3 File                |
| Numa              | Date           | Time. | UCC 11 Search                  |
| Name              | Date           | Time  | UCC 11 Retrieval               |
| Walk-In           | Will Pick Up _ |       | Courier                        |

# **COVER LETTER**

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

| SUBJECT:                | VERA'S CAKE'S & DESSERT           | L'S INC                               |  |
|-------------------------|-----------------------------------|---------------------------------------|--|
|                         | (PROPOSED CORPORA                 | TTE NAME - MUST INCL                  | UDE SUFFIX)  |
| Enclosed are an ori     | ginal and one (1) copy of the art | ticles of incorporation and           | l a check for:   |
| □ \$70.00<br>Filing Fee | <ul><li></li></ul>                | □ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|                         |                                   | ADDITIONAL CO                         | PY REQUIRED  |
| FROM:                   | NI. TAX CONSULTAN<br>Nam          | VT INC<br>e (Printed or typed)        |  |
|                         | 1436 W 49                         | TH ST<br>Address                      |  |
| _                       | HIA                               | LEAH FL 33012<br>, State & Zip        |  |
|                         |                                   | 82-8281<br>Felephone number           |  |
| _                       | nahiroby@nitaxconst               | ultant.com                            | orification)   |

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 cornorati  | on shall be: VERA'S CAKE'S & I    | DESSERT'S INC          |                                   |  |
|--|-----------------------------------|------------------------|-----------------------------------|--|
| ARTICLE II PRINCI                          | Principal street address          |                        | Mailing address, if different is: |  |
| HOMESTEAD, FL 33                           | 033                               |                        |                                   |  |
| ARTICLE III PHREO                          | e corporation is organized is:cak | es, pastries, desserts |                                   |  |
|  |                                   |                        | SE 202                            |  |
|  |                                   |                        | E E                               |  |
|  |                                   |                        | HASSE                             |  |
| ARTICLE IV SHARE The number of shares of s | <u>S</u><br>tock is: 100          |                        | STATE<br>E, FL                    |  |
|  | LOFFICERS AND/OR DIRECTORS        | _                      |                                   |  |
| Name and Title:                            | KISAIN VERA LEON P                | Name and Title:        | <u></u>                           |  |
| Address                                    | 28410 SW 147TH AVE                | Address:               |                                   |  |
|  | HOMESTEAD, FL 33033               |                        |                                   |  |
| Name and Title                             |                                   | Name and Title:        |                                   |  |
| Address                                    |                                   |                        |                                   |  |
|  |                                   |                        |                                   |  |
| No   | <u></u>                           |                        |                                   |  |
|  |                                   | Name and Title:        |                                   |  |
| Address                                    |                                   |                        |                                   |  |
|  |                                   |                        |                                   |  |

| Name and T                                    | itle:  | Name and Title:  |                      |
|---|--|--|----------------------|
| Address                                       |  | Address:   |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   |  |  |                      |
|   | GISTERED AGENT in street address (P.O. Box NOT acceptable)                                   | (e) of the registered agent is:  |                      |
|   | NL Tax Consultant INC  | .,,  |                      |
| <u>-</u>                                      | 1436 W 49TH ST   |  | 2022                 |
| Address: _                                    |  | —  | <br><del>حو</del>    |
| _   | HIALEAH, FL 33012  | <del></del>  | <b>2</b> 2           |
| ARTICLE VII INC                               | CORPORATOR   | CRETARY OF ST  | 0022 JAN 11 PM 4: 08 |
|   |  |  | <u> </u>             |
|   | ess of the Incorporator is:  | TA STA   | ÷.                   |
| Name:   | KISAIN VERA LEON   | <u> </u>   | œ                    |
| Address:                                      | 28410 SW 147TH AVE   |  |                      |
|   | HOMESTEAD, FL 33033  |  |                      |
|   |  |  |                      |
| ARTICLE VIII EF                               |  | (OPTIONIAL)  |                      |
|   | er than the date of filing:  | (OPTIONAL) annot be more than five days prior or 90 days after the   | 2                    |
| filing.)                                      |  |  |                      |
|   |  | cable statutory filing requirements, this date will not be lis   | ted as               |
| the document's effec                          | tive date on the Department of State's reco  | irds.  |                      |
| Having been named (                           | as registered agent to accept service of proc  | ess for the above stated corporation at the place designated   | l in this            |
| certificate, I am fami                        | liar with and accept the appointment as reg  | ess for the above stated corporation at the place designated<br>gistered agent and agree to act in this capacity |                      |
|   |  | 1/10/2022  |                      |
|   | Required Signature/Registered Agent  | Date   |                      |
| I submit this docume document to the Document | ent and affirm that the facts stated herein<br>artment of State constitutes a third degree f | are true. I am aware that the false information submitted  | ed in a              |
| 1   |  |  |                      |
| Required Signature                            | ncorporator  |  |                      |
| - (   | J ]  |  |                      |