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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
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
FLORIDA BAKERY & RESTAURANT ORLANDO CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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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, FLORIDA BAKERY & RESTAURANT ORLANDO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1654 North Semoran Boulevard
Orlando, FL, US, 32807

Mailing address, if different is:
1654 North Semoran Boulevard
Orlando, FL, US, 32807

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Accommodations and food services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL ROMAN, Director

Address: 9883 Winnington Street,
Orlando, FL, US, 32832

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Rafael Roman
Address: 9883 Winnington Street
Orlando, FL 32832

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rafael Roman
Address: 9883 Winnington Street
Orlando, FL 32832

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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

DocuSigned by: Rafael Roman 6/8/2022
DD450799FB7E4CF .. Required Signature/Registered Agent 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.

DocuSigned by: Rafael Roman 6/8/2022
Required Signature/Incorporator Date

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