TRANSMITTAL LETTER

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Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

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SUBJECT:	irresist	He	Deserts	INC
202020	Propose	d comorate na	me - must include suffix)	

Enclosed is an original and one(1)	copy of the articles of	f incorporation and a check for:
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\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PV REQUIRED

FROM:	Patricia Rendall Name (Printed or typed)	
	11860 New 42nd St	A 98 عر Secre
÷	Sunvise fa 33323 City, State & Zip	FIL ASSI
·	954-747.8711	OVED ED AM IO: 34 COF STATE EE, FLORIDA

Patricia Garlad GAVE
AUTHORIZATION BY PHONE TO
CORRECT Spelling a Corp. name - IRresistible Desserts Inc

LIE 1/15

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

IRRESISTIBLE Desserts duc.

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1/860 N.W 42^{Md} St Sunrise 71-33323

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Moshares

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Patricia Randall 11860 N.W 42 nd St Sunrise 71. 33323

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

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Signathre/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent