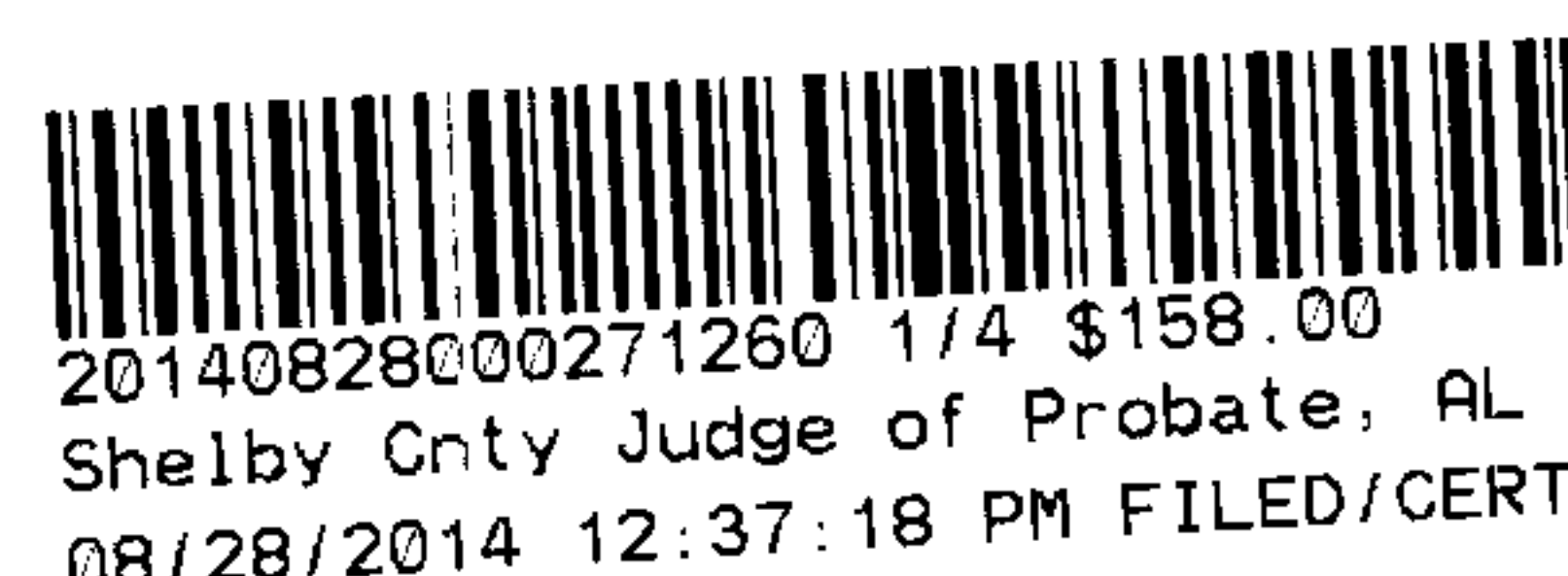


STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Business Corporation (formerly known as For-Profit Corporation) under Section 10A-1-3.05 and 10A-2-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. **The information required in this form is required by Title 10A.**



(For County Probate Office Use Only)

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

This form must be typed or laser printed.

1. The name of the corporation (must contain the word "corporation" or "incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Title 10A-1-5.04):

CINTHIA DELGADO INC.

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

JOSE MOJICA
C/O BLUMBERGEXCELSIOR CORPORATE SERVICES
16 COURT ST., 14TH FL
BROOKLYN, NY 11241

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

3. Street (**No PO Boxes**) address of principal office of the corporation: _____

127 WILD IVY LN, MAYLENE, AL 35114

Mailing address of principal office (if different from street address): _____

4. The name of the Registered Agent: CINTHIA A DELGADO PASADAS

Street (**No PO Boxes**) address of Registered Agent: _____

127 WILD IVY LN, MAYLENE, AL 35114

Mailing address of Registered Agent (if different from street address): _____

5. Purpose for which corporation is formed: wholesale distribution of bakery products

_____ ; the
purpose includes the transaction of any lawful business for which corporations may be incorporated in
Alabama under Title 10A, Chapter 2 of the Code of Alabama.

6. Number of Shares the corporation is authorized to issue: 200 Par Value no par value
(Par value is optional information and does not have to be completed.)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): JOSE MOJICA

Street (**No PO Boxes**) address of Incorporator(s): C/O BLUMBERGEXCELSIOR CORPORATE SERVICES,

INC. 16 COURT ST., 14TH FL. BROOKLYN, NY 11241 Mailing address of Incorporator(s) – (if

different from street address): _____

Attach a listing if more Incorporators need to be added.

9. Director's Name: CINTHIA A DELGADO PASADAS

Street (**No PO Boxes**) address of Director: 127 WILD IVY LN, MAYLENE, AL 35114

_____ Mailing address of Director(s) - (if different

from street address): _____

DOMESTIC BUSINESS CORPORATION CERTIFICATE OF FORMATION

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

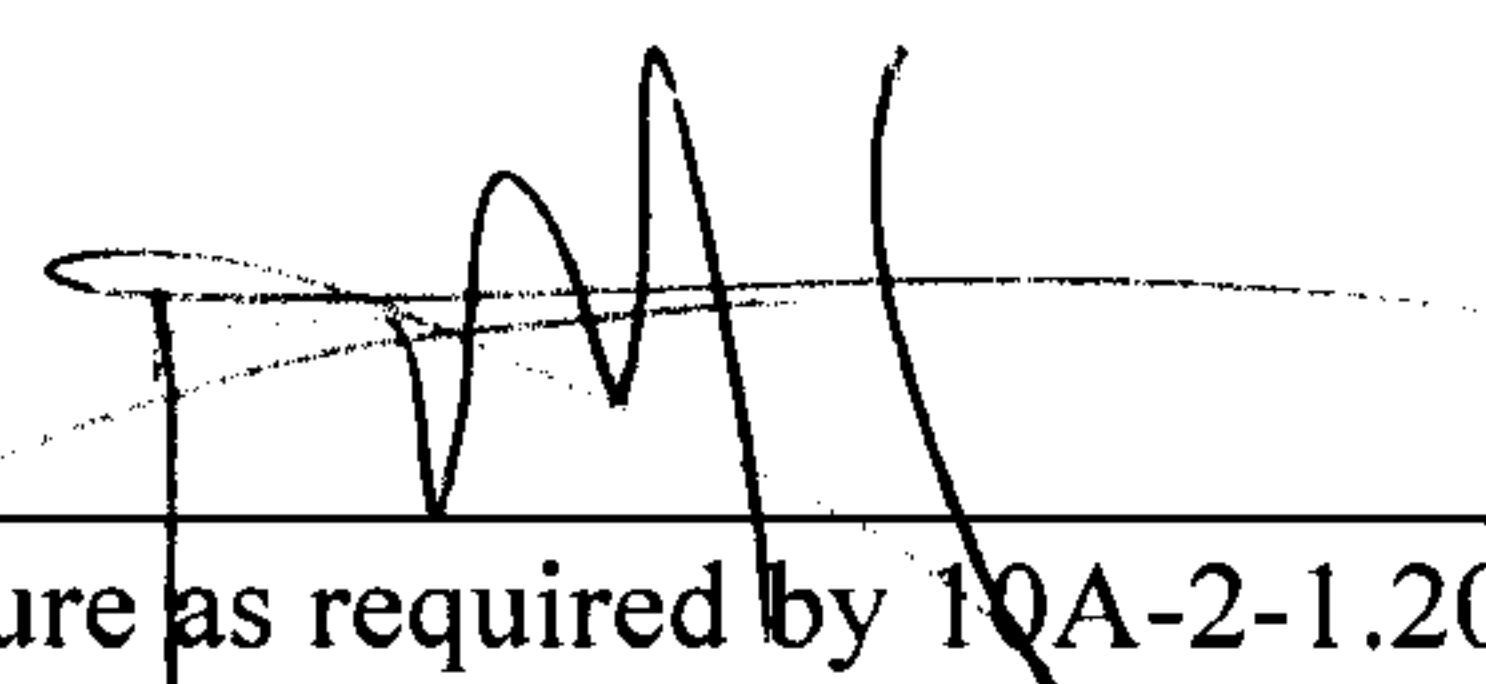
_____ Mailing address of Director(s) - (if different
from street address): _____

Attach listing if more Directors need to be added.

10. A director has no liability to the corporation or its shareholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the shareholders; (C) a violation of Section 10A-2-8.33; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its shareholders.

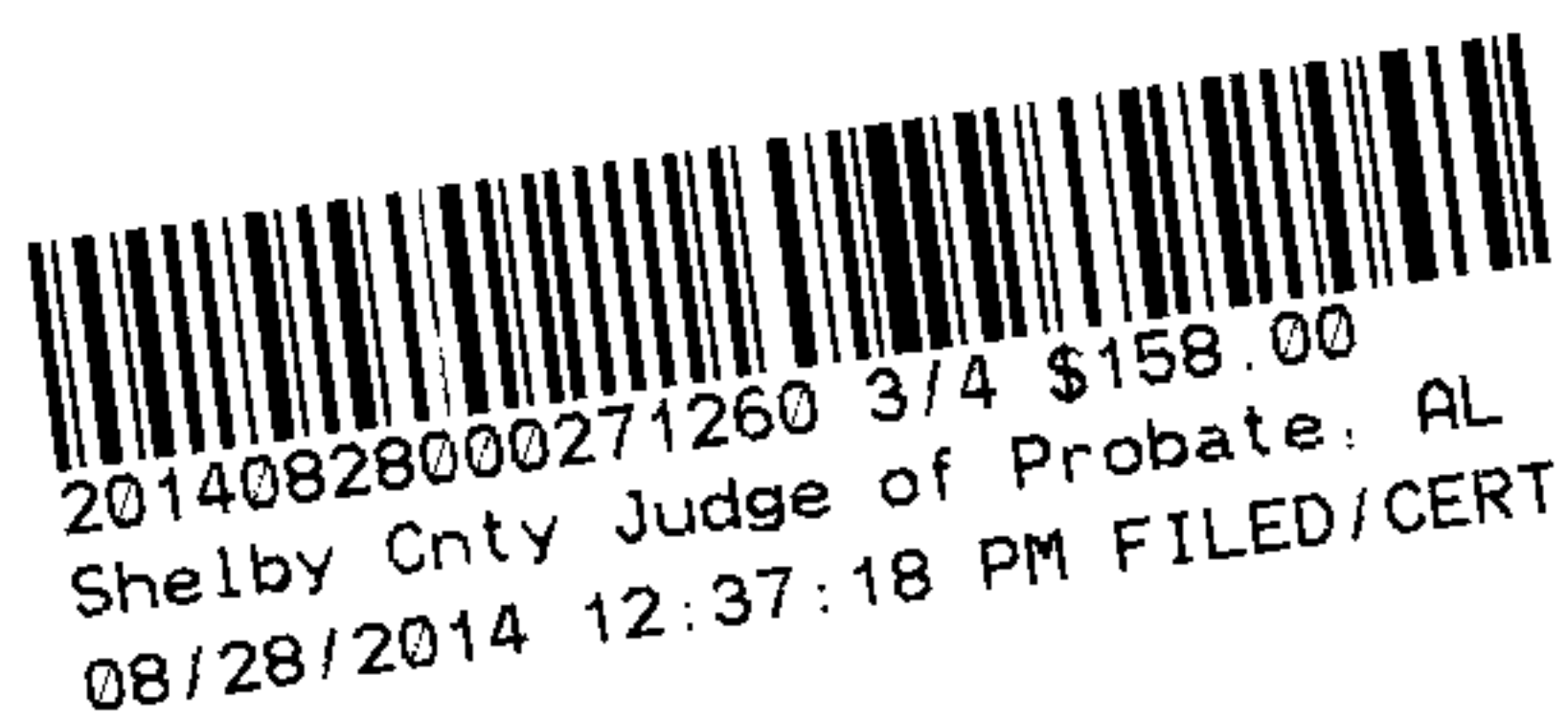
☐ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

8 / 08 / 2014
Date (MM/DD/YYYY)


Signature as required by 10A-2-1.20

JOSE MOJICA
Typed Name of Above Signature

INCORPORATOR
Typed Title/Capacity to Sign under 10A-2-1.20



Jim Bennett
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Jim Bennett, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

CINTHIA DELGADO INC.

This name reservation is for the exclusive use of JOSE MOJICA, C/O
BLUMBERG, 16 COURT ST, BROOKLYN, NY 11241 for a period of one year
beginning August 26, 2014 and expiring August 26, 2015

20140828000271260 4/4 \$158.00
Shelby Cnty Judge of Probate, AL
08/28/2014 12:37:18 PM FILED/CERT



RES666396

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

August 26, 2014

Date

A handwritten signature in cursive script, appearing to read "Jim Bennett".

Jim Bennett

Secretary of State