

W23000009177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

W23000102613

Office Use Only



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STATES
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07/08/23--01024--003 **113.75

FILED

2023 JUL 27 PM 10:02

SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2023

PAULA MCMILLAN
7166 CEDAR HOLLOW CIRCLE
BRADENTON, FL 34203

SUBJECT: PARADISE KANDLES INC
Ref. Number: W23000102613

We have received your document for PARADISE KANDLES INC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, you were given incorrect information. The forms you submitted are not the right forms, but the fee is correct if you want certificates. Please fill out the forms provided and sign where required.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist III

Letter Number: 323A00016912

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: PARADISE KANDLES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :
* as per state email you stated you already have the fee.

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PAULA McMILLAN
Name (Printed or typed)

9166 CEDAR HOLLOW CIRCLE
Address

BRADENTON FL 34203
City, State & Zip

941-962-1292
Daytime Telephone number

ParadiseKandles@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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LLC into
non profit

Certificate of Conversion
For
"Other Business Entity"
Into
Florida ~~Profit~~ Corporation
NonProfit

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida ~~Profit~~ Corporation in accordance with s. ~~607.115~~, Florida Statutes.
NonProfit LLC

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

PARADISE KANDLES LLC
Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/10/2022
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

N/A

4. The name of the Florida ~~Profit~~ Corporation as set forth in the attached Articles of Incorporation:

PARADISE KANDLES INC
Enter Name of Florida ~~Profit~~ Corporation
NonProfit

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
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.

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TALLAHASSEE, FL

Signed this 1st day of AUGUST, 2023

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: *Paula McMillan*

Printed Name: PAULA McMILLAN Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: *Paula McMillan*

Printed Name: PAULA McMILLAN Title: PRESIDENT

Signature: *Scott McMillan*

Printed Name: SCOTT McMILLAN Title: VICE PRESIDENT

Signature: *Kayla McMillan*

Printed Name: KAYLA McMILLAN Title: TREASURER

Signature: *Kayla McMillan*

Printed Name: KAYLA McMILLAN Title: SECRETARY

Signature: *Kayla McMillan*

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner:

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: PARADISE KANDLES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

7166 CEDAR HOLLOW CIRCLE
BRADENTON FL 34203 ← SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR MISSION IS TO EDUCATE AND DONATE SUPPLIES TO THOSE THAT ARE AFFLICTED WITH AN ILLNESS THAT AFFECTS THEIR QUALITY OF LIFE, THE BENEFIT OF HEALING NATURAL OILS AND SKENTS SO THAT THEIR LIVES CAN BE TRANSFORMED TO A PLACE OF JOY, COMFORT, AND RESTORATION TO HAVE A RENEWED SENSE OF HOPE AND TRANQUILITY

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

VOTING EVERY 3 YEARS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULA McMILLAN, PRESIDENT Name and Title: SCOTT McMILLAN, VICE PRESIDENT

Address: 7166 CEDAR HOLLOW CIRCLE Address: 7166 CEDAR HOLLOW CIRCLE
BRADENTON FL 34203 BRADENTON FL 34203

Name and Title: KAYLA McMILLAN, TREASURER Name and Title: KAYLA McMILLAN, SECRETARY

Address: 7166 CEDAR HOLLOW CIRCLE Address: 7166 CEDAR HOLLOW CIRCLE
BRADENTON FL 34203 BRADENTON, FL 34203

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, FL

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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: JUDY MASTRO

Address: 8061 PAGODA DR

SPRING HILL FL 34606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULA MEMILLAN

Address: 7166 CEDAR HOLLOW CIRCLE

BRADENTON FL 34606

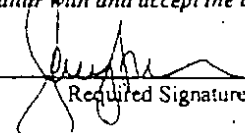
ARTICLE VIII EFFECTIVE DATE:

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 of Registered Agent

8/1/2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

8/1/2023
Date

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TALLAHASSEE, FL

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