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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

FROM: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

**FLORIDA PROFIT CORPORATION OR P.A.**

**Addiction Chocolatier, Inc.**

Certificate of Status	1
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TALLAHASSEE, FLORIDA

**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: **ADDICTION CHOCOLATER, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **PMB 314  
P.O BOX 413005  
NAPLES, FL 34101-3005**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**MANUFACTURE + RETAIL SALE OF CHOCOLATE**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
**FERN DAVIS, PRESIDENT  
81 Seagate Dr., Unit 1901  
Naples, FL 34103**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

CT Corporation System  
c/o CT Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**GABLE PERITZ MISHKIN, CPA  
P.O BOX 917  
SPRING HUSE, PA 19477**

\*\*\*\*\*  
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

*Margaret E. Routzahn*  
\_\_\_\_\_  
(Signature) Registered Agent

**MARGARET E. ROUTZAHN**  
Special Assistant Secretary

5/3/04  
Date

*Gable Peritz Mishkin, CPA*  
\_\_\_\_\_  
Signature/Incorporator

5/3/04  
Date