P14600060777

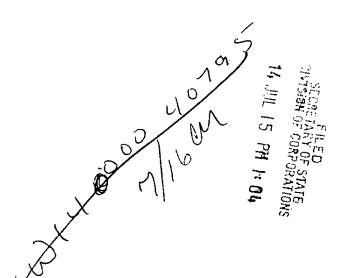
| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |
| | | |

Office Use Only



700261804667

06/30/14--01017--019 **70.00



COVER LETTER

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

| SUBJECT: ZAZ | ZIE CANDLES I | | |
|----------------------|--|--|---|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| | 3575 SW 130th A | (Printed or typed) | Theork |
| | , | ruuress | |

Daytime Telephone number

305-484-5661 and 305-244-3691

elizabeth.brown31@gmail.com

E-mail address: (to be used for future annual report notification)

Homestead, FL 33033

City, State & Zip

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



July 1, 2014

ELIZABETH BROWN 28575 SW 130TH AVE HOMESTEAD, FL 33033

SUBJECT: ZAZZIE CANDLES INC. Ref. Number: W14000040795

We have received your document for ZAZZIE CANDLES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Letter Number: 714A00014245

Carol Mustain Regulatory Specialist II

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| <u>ricle II </u> | NCIPAL OFFICE Principal street address OTH AVE | Mailing address, if different is: | | | |
|--|---|---|------------|---------|-------------|
| OMESTEAD | D, FL 33033 | | | | |
| | POSE he corporation is organized is: manufact Diffusers, Soy wax tarts/ n | | sales of c | onsumer | good |
| | `. | | | | 3EC |
| | | | | | THE LARY OF |
| | | | | | STATE |
| TICLE IV SHA | stock is: 900 | | | | NS |
| ricle v ini | Elizabeth Brown/President/Owner 28575 SW 130TH AVE Homestead FL 33033 | | e: | | iks |
| FICLE V INT | Elizabeth Brown/President/Owner 28575 SW 130TH AVE Homestead FL 33033 Charlotte Theork/ Vice President/Co-owner 28575 SW 130TH AVE | Name and Title Address: | e: | | |
| Name and Title Address Name and Title | Elizabeth Brown/President/Owner 28575 SW 130TH AVE Homestead FL 33033 Charlotte Theork/ Vice President/Co-owner | Name and Title Address: Name and Title | e: | | |
| Name and Title Address Name and Title Address | Elizabeth Brown/President/Owner 28575 SW 130TH AVE Homestead FL 33033 Charlotte Theork/ Vice President/Co-owner 28575 SW 130TH AVE | Name and Title Address: Name and Title Address: | e: | | |

| Name an | d Title: | Name and Title: | |
|---|---|--------------------------------|------------------------------------|
| Address | | Address: | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | orida street address (P.O. Box NOT acceptable |) of the registered agent is: | |
| Name: | Elizabeth Brown | | |
| Address: | 28575 SW 130th ave | | |
| | Homestead FL 33033 | | |
| ARTICLE VII | INCORPORATOR | | |
| 111111111111111111111111111111111111111 | <u> </u> | | |
| The <u>name and ac</u> | idress of the Incorporator is: | | |
| Name: | Charlotte Theork | <u></u> | |
| Address: | 28575 SW 130th ave | | |
| | Homestead FL 33033 | | |
| Having been nan | ned as registered agent to accept service of proc | ess for the above stated corpo | oration 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 |
| Z | Bakeh Deavn. | | 06/25/2014 |
| | Required Signature/Registered Agent | • | Date |
| | rument and affirm that the facts stated herein a Department of State constitutes a third degree fe | | |
| Call | The out | | 06/25/2014 |
| | Required Signature/Incorporator | | Date |
| | 7 | | |
| | | | |
| • | | | |
| DATE | 2 Signed Before | Me | |

DIANA R. DIAZ MY COMMISSION # EE 860368 EXPIRES: April 4, 2017 Bonded Thry Budget Notary Services

DATED & Signe on 6/25/14.

Piona P. Dis