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To:

Qualification/Tax Lien Section Division of Corporations

SYDECE -	_	•	•		
SUBJECT: Florid	da Can	dles, Inc. (Name of	corporation - must include s	nffiv)	
Dear Sir or Madam:		(oorporation must morage s	uuix)	
The enclosed "Applicand check are submit	ation by ted to re	Foreign Corporation for gister the above reference	Authorization to Transact Bed foreign corporation to tran	usiness in Florida", "Certi sact business in Florida.	ificate of Existence",
Please return all corre	sponder	ace concerning this matte	r to the following:	: TR BBBBBBBB	
	Ed	ward Bohrer	·	300003380: -09/01/000 *****87 . 50	5351 1070002 *****87.50
			(Name of Person)		
	Ac	counting By Desig		,a 9	,
			(Firm/Company)		
	<u>18</u>	26 E. Elm St.			
			(Address)		
	An	aheim, CA 92805			
			(City/State/Zip)		*
Edward Bohrer	ll someo		r, please call: 714-612-2142 (Area Code & Daytime	a Talanhana Numban	
•		,	(1 non code de Dayimie	e refeptione Number)	
STREET ADDRESS:			MAILING ADDRESS:		DO SEP SECRET ALLAN
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		FILED PM 1: 2 TARY OF STAT ASSEE, FLOR	
Enclosed is a check for Narrie Availability \$70.00 Filing Fee					TEA
Document Examiner		78.75 Filing Fee & ertificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of S Certified Copy	Status &
Updater	DCC				
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

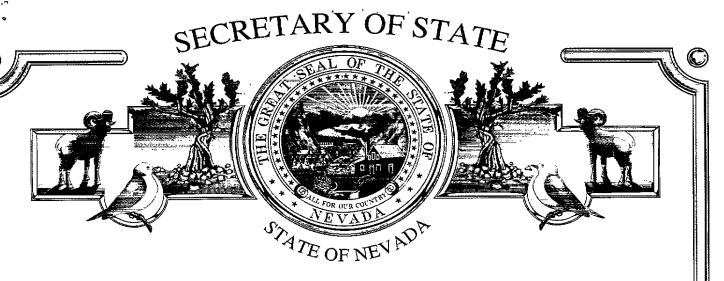
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	- .	
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a		
	natural person or partnership if not so contained in the name at present.)		
2.	(State or country under the law of which it is incorporated) 3. (FEI number, if applicable)	_	
4.	(Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	_	
6.	7 // 2000 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	_	
٠.	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)		
7	1550 S. AND HEIM BLUD "D" AND HEIM, CD 92805 (Current mailing address)	_	
••	A CALIFORNIA CAR GOLDON	≘	
	(Current mailing address)	55	
	ASS	ı	<u> </u>
Q	SALAC OF RESTAUNDET SUPPLIES		FILED
0.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	2	0
0	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
У.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	2	
	Name: CT Corporation System > 1200 S. Pine Island Road		
_			
O)	ffice Address: Plantation 33324 Florida, (Zip code)		٠.
	, Florida,	-	
	(Zip code)		
10). Registered agent's acceptance:		
			J 2
H	aving been named as registered agent and to accept service of process for the above stated corporation at the place design is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to a	znate compl	a in !y
wi	ith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ar	id ac	cept
th	e obligations of my position as registered agent.		
	My Jemes		
	(Registered agent's signature)		
	Calling and the control of the contr		

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Chairman:	Steven F Stucker			
Address:	2533 N Carson St.			···-
	Carson City, NV 89706			
Vice Chair	man:	<u>,</u>		
Address:				
		· · · · · · · · · · · · · · · · · · ·		
Director:				
Address:				
				
Director:		<u>-</u>		
Address:			•	
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)			
President:	Steven F Stucker			
Address:	2533 N Carson St.	T _S	_8_	
	Carson City, NV 89706	-ER -ER	SEP	
Vice Presi	ident:	ARY ASSE	1	=
Address:		무	3	
		_ 울물_		
Secretary	Edward Bohrer		~	
Address:	2533 N Carson St.			
	Carson City, NV 89706			
Treasurer	: Steven F Stucker			
Address:	2533 N Carson St.			
	Carson City, NV 89706			
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or director	s .		
13. <u>S</u>	elwel there			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	on)		
14. Edw	ard Bohrer / Secretary (Typed or printed name and capacity of person signing application)			





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of certificate, evidence, FLORIDA CANDLES, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 16, 2000, and is in good standing in this state.

F STATE

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on August 17, 2000.

San Hellen

Secretary of State

Ву

Certification Clerk

