# F00000005347

### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	HLW
	GEL CANNIE COMPANY  n - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to reto transact business in Florida.	
Please return all correspondence concerning this matter	
MOISES D. VARG	AS JR.
(Name of	······ <b>'</b>
Moka & Family Gel Cano	many)
	ANTR ALE SUITEZ
	3/8 3
(City/State a	and Zip code)
For further information concerning this matter, please of	
MOISES VARCAS at (SG) (Name of Person) (Area (	Oode & Daytime Telephone Number)  Oode & Daytime Telephone Number)  Oode & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
S70.00 Filing Fee Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
1. Moka & Family Gel Candle Company	
(Name of corporation; must include the word "TNCORPORATED", "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. DELAWARS 3. 65-0985332	
2. DELAWARS (State or country under the law of which it is incorporated)  3. 65-6985332 (FEI number, if applicable)	-
4. 2/14/2000 5. PELPETUAL (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")	
A . A	
6. UPON QUACIFICATION	
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7 3911 JOG ROAD GRANACER FL 33467	
7. <u>6911 JOG ROAD GREW ACRES, FL</u> 33467 (Principal office address)	
PAB 297, 777 E. ATLANTIC AVE, SUITEZ, DELRAY BOH, FZ 3	34
(Current mailing address)	
8. SPL CAMBÉI 8 56	
8. SPU CANDÉS  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	Τή 1 = 1
Name: KAREN VARGAS	
Office Address: 649 N.E. 6th AVE	) }
Office Address. 1077.	* 1
BOHNON BENEY, FL, Florida 33435 (Zip code)	
(City) (Zip code)	
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.	
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my	
duties, and I am familiar with and accept the obligations of my position as registered agent.	
auties, and I am jumiliar with and accept the obligations of my position as registered agent.	
Har Jago	
(Registered agent's signature)	
Har Jago	to n

under the law of which it is incorporated.

### 12. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman: MOISES D. VARGAS JR.
Address: 649 N.E. 64 AVE
BOYNON BEACH FL 33435
Vice Chairman: MOISES VAROAS
Address: 413 BOYN TON BAY CIRCLE
BOYNTON BEACH FZ 33435
Director: KAREN VARSAS
Address: 649 N.E. 6th AVE
BOYNTON BOACH PL 33435
Director: MO15ES D. VARGAS TR.
Address: 649 N.E. 64AIR, BOWTON BC4 FC 33435
B. OFFICERS
President: MOISES D. VARGAS TR.
Address: 649 N.E. 64 AVE
BOYNTIN BEACH FX 33835
Vice President: MOLSES VARCAS
Address: 413 BOYNTON BAY CIRCLE
BOKUTUN BELACAL FL 33435
Secretary: KARON VAR GAS
Address: 649 N.E 6# AVE BOYNON BOXED IN 33435
Treasurer: MUSES D. VARGAS TR.
Address: 649 N.E. 6th AVE BOYNTON BARRY, FL 33435
Address: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. MOISES D. VAICAR TR / NES/DONT  (Typed or printed name and capacity of person signing application)

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MOKA & FAMILY GEL CANDLE COMPANY"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR
AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF
SEPTEMBER, A-D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID MOKA & FAMILY GEL CANDLE COMPANY WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2000

Edward J. Freel, Secretary of State

AUTHENTICATION: 0675992

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DATE: 09-14-00