

TRANSITTAL LETTER
P0000055756

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

FILED
00 JUN -1 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FL 32304

SUBJECT: GELSATION Candles, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003273888--4
-06/01/00--01068--013
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: PATRICIA MINER
Name (Printed or typed)

11340 N.W. 15 STREET
Address

PEMBROKE PINES, FL 33026
City, State & Zip

(H) 954-447-1964 (w) 954-432-0005
Daytime Telephone number

OR PLEASE CALL me if there are any problems OR questions.

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

Thank you
[Signature]

chk # 2-11 (PATRICIA A. SALVATORE) \$87.50

6-9
ACC

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:

Gelsation Candles, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

11340 NW 15th Street
Pembroke Pines, FL. 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

(President) Patricia Anne Miner & Colleen Leslie Hernandez (DIRECTOR)
11340 NW 15th Street
Pembroke Pines, FL. 33026

ARTICLE VI REGISTERED AGENT

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

(President) Patricia Anne Miner
11340 N.W. 15 Street
Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia Anne Miner
11340 N.W. 15 Street
Pembroke Pines, FL 33026

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

Patricia Anne Miner
Signature/Registered Agent

5/31/00
Date

Patricia Anne Miner
Signature/Incorporator

5/31/00
Date

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TALLAHASSEE, FLORIDA