P00000090616

TRANSMITTAL LETTER

FILED
00 SEP 25 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Candy's Pottery & Paint Studio Inc.
PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003403272--0
-09/26/00--01004--002
*****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: Rochelle Stenman
Name (Printed or typed)

12334 St Simon DR
Address

Boca Raton FL. 33428
City, State & Zip

561 483 9773
Daytime Telephone number

JEB 9/26

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

ORIGINAL

ARTICLES OF INCORPORATION

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

FILED
00 SEP 25 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
CANDY's Pottery & Paint Studio, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
12334 St. SIMON DRIVE
BOCA RATON, FL. 33428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ENGAGE IN THE TRANSACTION OF ANY & ALL LAWFUL BUSINESS WHATSOEVER.

ARTICLE IV SHARES

The number of shares of stock is:
ONE HUNDRED SHARES OF STOCK HAVING A PAR VALUE OF $100.00 PER SHARE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
Rochelle STEINMAN
12334 St SIMON DR
BOCA RATON FL 33428

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:
Rochelle STEINMAN
12334 St SIMON DRIVE
BOCA RATON FL 33423
Rochelle Steinman

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
ROCHELLE STEINMAN
12334 St SIMON DR.
BOCA RATON, FL. 33428
Rochelle Steinman

****

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

Rochelle Steinman
Signature/Registered Agent - Rochelle STEINMAN
9/24/00
Date

Rochelle Steinman
Signature/Incorporator - Rochelle STEINMAN
9/24/00
Date