# TRANSMITTAL LETTER

# P0100030133

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

000003878030--0 -03/19/01--01136--017 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: A.M.D. CAND/ES CORPORATION

(Proposed corporate name - must include suffix)

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	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
	•	ADDITIONAL COPY REQUIRED				
FROM: DAY, DWEINER  Name (Printed or typed)						
/	16220 South Address	Post Rd. Apt ess	104 INLLAIM			
<del></del>	WES TON FC City, State	- 33331 : & Zip	SSEE, E			
	954 - 931 - Davtime Teleph	-6305	WOLLE TUVLE BILES			

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

D322

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be:

ARTICLE I NAME

The name of the corporation shall be:

A. M. D. CANDLES CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1652 TOWN CENTER CIRCLE WESTON FL 33326

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

,00 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

DAVID NEINER 16220 South Post Rd Mpt 104 WESTON FC 33331

## ARTICLE V INCORPORATOR(S)

#### See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DAVID WEINER 16220 SOUR POST Rd Apt 104 WESTON FL 66331. 096-48-2613

ERIKA ORTIZ 1139 Jain Lokes TRACE MPT 1915 WESTON FL 333 26 593-85-1578

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of January, 10 rool.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

# Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	A.M.D. CANDLES CORPORA	Tion	<i>-</i>
2.	The name and address of the regis	stered agent and office is:		
	DAVID	WEINER (NAME)	SEGRET TALLAH	2
		Sw72 Pot Rd Apt 184  ox or Mail Drop Box NOT ACCEPTABLE)	WHY I A	
	WE	Ston FC 33331	HAUNI HETAII	⊋ <b>C</b> 9

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) 1-27-00 ...
(DATE)

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Filing Fee

& Certified Copy

**\$131.25** 

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAVID WEINER
Name (Printed or typed)

16220 South Post Rd. Apt 1

WESTON FL 33331
City, State & Zip

954-931-6305 Daytime Telephone number OT WAR 19 TH 2: III

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SECRETARY OF STATE

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(SIGNATURE) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314