

TRANSMITTAL LETTER

P010000 44410

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

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-04/30/01--01063--015
*****78.75 *****78.75

SUBJECT: Coral Candles Company
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Juan J. Malvarez
Name (Printed or typed)

20041 Gulf Blvd #4
Address

Indian Shores FL 33785
City, State & Zip

727-459-3448
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 30 AM 10:41

FILED

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

RECEIVED MAY 3 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Coral Candles Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
20041 Gulf Blvd #4
Indian Shores, FL 33785

ARTICLE III SHARES

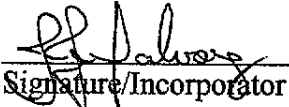
The number of shares of stock is: 1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Juan J. Malvárez
20041 Gulf Blvd #4
Indian Shores, FL 33785

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Juan J. Malvárez
20041 Gulf Blvd #4
Indian Shores, FL 33785


Signature/Incorporator

4/27/01
Date

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. 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/Registered Agent

4/27/01
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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