P0400015814/

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısin ess Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	nly g



100042684871

11/17/04--01022--001 **70.00



TRANSMITTAL LETTER

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

SUBJECT:DO	OLPHIN CARD & CANDLE , INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an or	riginal and one (1) copy of the art	icles of incompration and	a check for	
Eliciosed are an or	ignial and one (1) copy of the art	icles of incorporation and	a check for.	
\$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee		Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
FROM: _	ELLEN HAAS	_		***
1 1001111	Name	(Printed or typed)	<u> </u>	' '
1	14751 SEMINOLE TRAIL	Address		• .
		Address		
	SEMINOLE , FLORIDA 33776			
		, State & Zip		
	727-586-7660	Polania	<u></u>	
	Daytime i	Telephone number		

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

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:

DOLPHIN CARD & CANDLE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 10500 ULMERTON ROAD #346 LARGO, FLORIDA 33771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CARD & CANDLE SALES

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES AUTHORIZED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ELLEN HAAS 14751 SEMINOLE TRAIL SEMINOLE , FLORIDA 33776 PRESIDENT

<u>ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ELLEN HAAS 14751 SEMINOLE TRAIL SEMINOLE , FLORIDA 33776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELLEN HAAS 14751 SEMINOLE TRAIL SEMINOLE , FLORIDA 33776

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

JOHNOV IT P 4: 06
SECRETARY OF STATE