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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

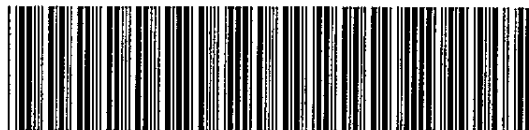
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 FEB 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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BUR
2/18/05

TRANSMITTAL LETTER

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

SUBJECT: Custom Wraps, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Krista D. L. Abel
Name (Printed or typed)

3123 Surfside Way
Address

Orlando, FL 32805
City, State & Zip

(407) 835-7899
Daytime 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)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Custom Wraps, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3123 Surfside Way
Orlando, Fl. 32805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make personalized candy bar wrappers for the general public.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kristel Abel, President
3123 Surfside Way
Orlando, Fl. 32805

Barton Abel, Vice President
3123 Surfside Way
Orlando, Fl. 32805

ARTICLE VI REGISTERED AGENT

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

Kristel Abel
3123 Surfside Way
Orlando, Fl. 32805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kristel Abel
3123 Surfside Way
Orlando, Fl. 32805

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

Kristel Abel
Signature/Registered Agent

2/5/05
Date

Kristel Abel
Signature/Incorporator

2/5/05
Date