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COVER LETTER

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

SUBJECT: Seat	oright Candles of Flo	rida Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM: F	aye O'Rourke		
	Name	(Printed or typed)	
	1645 Richardson Ro	oad	
		Address	
	Merritt Island, Florid		
	City,	State & Zip	
	321-412-4955		
	Daytime T	elephone 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:

Seabright Candles of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1645 Richardson Road
Merritt Island, Florida 32952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Candle Sales

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Faye O'Rourke 1645 Richardson Road Merritt Island, Florida 32952 Managing Director

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CRETARY OF STATE

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

Faye O'Rourke, 1645 Richardson Road, Merritt Island, Florida 32952

**The name and address of the Incorporator is:

Faye O'Rourke, 1645 Richardson Road, Merritt Island, Florida 32952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Faye O'Rourke, 1645 Richardson Road, Merritt Island, Florida 32952

ARTICLE VIII = Effective DATE

Date of incorporation II/25/07

***HASSEE. FLORID**

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

***Jack Distribute**

Signature/Registered Agent Date

***Distribute**

Signature/Incorporator Date