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COVER LETTER

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

SUBJECT: Perrier Aromatic Produ	icts, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	JI I REQUIRED
FROм: Franz Perrier		
Name	e (Printed or typed)	
520 Meadows Cir.	_	
-	Address	
Boynton Beach FL 3343 City,	36 State & Zip	
(561) 779-5030 Daytime T	elephone number	
fperrier54@yahoo.com E-mail address: (to be used	d for future annual report	notification)

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 II	PRINCIPAL OFFICE	
_	Principal street address	Mailing address, if different is:
	20 Meadows Cir.	
Е	Soynton Beach FL 33436	
-		
ARTICLE III	hich the corporation is organized is:	
	General Business in any activity	allowed by Law
, , , , , , , , , , , , , , , , , , , ,		
ARTICLE IV	<u>SHARES</u> res of stock is:10,000 Shares of \$1.00) nar Value
The number of shar	res of stock is:10,000 Shares of \$1.00	par value
	INITIAL OFFICERS AND/OR DIREC	
Name and Ti	itle:Franz Perrier - President	Name and Title:
Address:	520 Meadows Cir	
	Boynton Beach FL 33436	
	tle:	Name and Title:
Address:		
	· · · · · · · · · · · · · · · · · · ·	
		Name and Title:
Address:		
A DOTOL D 177		
	REGISTERED AGENT rida street address (P.O. Box NOT acceptal	nla) of the registered egent is:
Name:	Franz Perrier	
Address:	520 Meadows Cir	
	Boynton Beach FL 33436	
ADTICLE WIL	TAMOODDOD A TOD	
ARTICLE VII The name and add	INCORPORATOR Iress of the Incorporator is:	
Name:	Franz Perrier	
Address:	520 Meadows Cir	
	Boynton Beach FL 33436	
Havina baan nam	ad as manistered apart to account service of n	rocess for the above stated corporation at the place designated in
		as registered agent and agree to act in this capacity
inis conficule, r ur	n juniana 1951, una uccep ine appointment	
	/ Mary	11/04/10
	Required Signature/Registered Agen	Date
	ment and affirm that the facts stated herei	n are true. I am aware that the false information submitted in a
		
	epartment of State constitutes a third degree	felony as provided for in s.817.155, F.S.
		felony as provided for in s.817.155, F.S.