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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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* COVER LETTER

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

SUBJECT: SWEET LIGHT CAN (PROPOSED CORPORA	OLF CD.		
(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the art	icles of incorporation and	l 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	DFY REQUIRED	
FROM: DINA M. MUZZ Name	e (Printed or typed)		
7164 COLONY CL	UB DRIVE #3	801	
LAKE WORTH F	L, 33463 State & Zip	·	20
561-307-315 Daytime T	elephone number		II FFB
Sweetlightcond E-mail address: (to be use		ail.com notification)	2011 FEB 17 AM
V		پر	

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

170

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	in compliance with C	hapter 607 and/or Chapter 62	and the state of t
ARTICLE I NA The name of the corpora	<u>ME</u> ation shall be: SWEET J	GHT CHUDLE CO	
ARTICLE II PR	INCIPAL OFFICE		2011 FEB 17 AM 9: 34
_	Principal street address (64 COLONY CLUB DE 50 KE WOLTH FL 3.2		Mailing address, if different is:
The purpose for which	THE COMPORATION IS OF SAME AS A SELL C		
ARTICLE IV SH The number of shares o			
ARTICLE V IN	TIAL OFFICERS AND/OR	DIRECTORS	- 1c
Name and Title:_ Address:	DINA M. MUZZ 7164 (OLONY CLUI #30 LAKE WORTH, FL.	Name and T Address:	itle: ROBERT H. (TARAMELLA) 9354 VERCELL (ST.) LAKE WORTH, EL. 33467
Name and Title:	,	Name and T	Mat
Address:		Name and T Address:	itle:
	······································	Address.	
_			
Manager of Wide			
Address:		Name and I	itle:
		Addicss.	
_			
ADDIOL TO THE DO	01000000 40000		
	<u>GISTERED AGENT</u> <u>street address</u> (P.O. Box NOT	`aggertable) of the registered	accent in
Name:	DIA)A M. MIZ	7 Y	agent is:
Address:	7164 COLONY CLU	BDE.#301	
	LAKE WORTH F	2.33463	
ADTICE IN THE TAN	, ,		
The name and address	of the Incorporator is:		
Name:	of the Incorporator is: DINA M. MUZZ	Υ .	
Address:	7164 COLONY CLU	BDR.#30	
	LAKE WORTH, E	133465	
Having been named as this certificate, I am far	registered agent to accept ser miligr with and accept the appo	vice of process for the above intment as registered agent a	stated corporation at the place designated in nd agree to act in this capacity
			$\gamma l_{1} \sim l_{1}$
X WILL	Required Signature/Registe		<u> 415/11</u>
	Ledanter Official Leve College	rou Agent	/ Date
I submit this documen	t and affirm that the facts sta	ted herein are true. I am aw	are that the false information submitted in a
document to the Depart	ment of State constitutes a thir	d degree felony as provided fo	or in s.817.155, F.S.
() * · -	alM		-1.,-1.,
_ Wua	- Required Signature/Incom	morator.	<u> H15/11</u>
	/ Kedanea Signature/Incom	porator	/ Date