P/1000057320

(Requestor's Name)						
(Address)						
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,						
(City/State/Zip/Phone #)						
(City/State/Zip/Filotte #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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06/21/11



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JUN 20 PM 1:51

BURGER OF CORFORATIONS

May 31, 2011

ANDREA MELFI 9611 N US HWY 1 SUITE 274 SEBASTIAN, FL 32958

SUBJECT: SWEET TEMPTATIONS, INC.

Ref. Number: W11000029684

We have received your document for SWEET TEMPTATIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000044773 (SWEET TEMPTATIONS LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, piease call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 911A00013266

COVER LETTER

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

SUBJECT: Sweet Temp	tations Inc.
(PROPOSED CORPORED CO	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Andrea Melfi	me (Printed or typed)
9611 N US Hwy 1, Suit	te 274 Address
Sebastian, Fl 32958	ty, State & Zip
954-349-9222 Daytime	e Telephone number
enchanted@bellsouth.r	net sed 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 I	Sweet Temptations	Enterpris	ses. Inc.	
The name of the	corporation shall be:	•)	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address	s if different is:
	9611 N. US Hwy 1		Withing add to	, ii dillerent io.
	Cuito 274			
	Sebastian, Fl 32958			
	Gebastian, Fr 52556			
ARTICLE III	PURPOSE			
	which the corporation is organized is:			≅. <u> </u>
	ountain, Popcorn and Cotton Cand	v Machine Re	entals	
on occidio i	ournam, ropositi and ootion ourna	y maonino re	THE TOTAL PROPERTY OF THE PROP	ALEXANDER OF THE PROPERTY OF T
				marine personal art
				S 20
				ي. الم <u>يرا</u>
				TO REFER
ARTICLE IV	SHARES			
The number of sh	nares of stock is: 100			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>rors</u>		\triangleright
Name and	Title: Andrea Melfi, President	Name and T	Title: <u>John Melfi</u>	<u>. VP</u>
Address:	9611 N. US Hwy 1	Address:	<u>9611 N. US</u>	Hwy 1
	Suite 274		Suite 274	
	Sebastian, Fl 32958		Sebastian,	FI 32958
., ,	Prof. d		P31 . 1	
	Title:	Name and	l'itle:	
Address:		Address:		
			-	
				
Name and	Title:	Name and T	Fitle:	
Address:	Time.			,
Addiess,				
			'	
ARTICLE VI	REGISTERED AGENT			
The name and F	lorida street address (P.O. Box NOT acceptabl	e) of the registered	agent is:	
Name:	Andrea Melfi	<u> </u>	-	
Address:	9611 N. US Hwy 1, Suite 274			
	Sebastian, Fl 32958			
	,			
	INCORPORATOR			
	ddress of the Incorporator is:			
Name:	Andrea Melfi			
Address:	9611 N. US Hwy 1, Suite 274			
	Sebastian, Fl 32958	=		
77				
Having been nai	med as registered agent to accept service of pro	ocess for the above	e stated corporation	n at the place designated i
inis certificate, i	am familiar with and accept the appointment as	•	ind agree to act in t	his capacity
	lunder MANI.			£/12/1
	Mala Mill			0/23/11
	Required Signature/Registered Agent			Date
I submit this doc	cument and affirm that the facts stated herein	are true. I am an	vare that the false	information submitted in
document to the l	Department of State constitutes a third degree for	elony as provided f	for in s.817.155, F.S	Σ,
/ /	10/04/-			r/2.1
(N	Required Signature/Incorporator			5 K3/11
	Required Signature/Incorporator			Date
	- V ·			