

P110000087851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 OCT -5 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

1/4

**COVER LETTER**

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

**SUBJECT:** Soy Candle Scent'sations 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:** Charlene Griscom  
Name (Printed or typed)

6363 NW 36 Ave  
Address

Coconut Creek, FL 33073  
City, State & Zip

954-232-0037  
Daytime Telephone number

soycandlescentsations@comcast.net  
E-mail address: (to be used 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)

APPROVED  
AND  
FILED

11 OCT -5 PM 3:18

**ARTICLE I NAME**

The name of the corporation shall be:

Soy Candle Scent'sations Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6363 NW 36 Ave

Coconut Creek, FL 33073

Mailing address, if different is

6363 NW 36 Ave

Coconut Creek, FL 33073

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Selling soy candles and holding candle classes

**ARTICLE IV SHARES**

The number of shares of stock is: 50% / 50% (100)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Charlene Griscom - President

Address: 6363 NW 36 Ave

Coconut Creek, FL 33073

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Michael Snyder - Vice President

Address: 3693 NW 63 Ct

Coconut Creek, FL 33073

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Charlene Griscom

Address: 6363 NW 36 Ave

Coconut Creek, FL 33073

**ARTICLE VII INCORPORATOR**

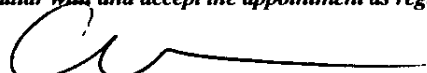
The name and address of the Incorporator is:

Name: Charlene Griscom

Address: 6363 NW 36 Ave

Coconut Creek, FL 33073

*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*

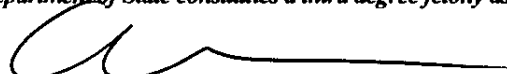


Required Signature/Registered Agent

9-22-11

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

9-22-11

Date