PD00000852

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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Ps 1/4/12

COVER LETTER

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

SUBJECT: Paradise Candles, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	nd a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: Connie Madden Name	(Printed or typed)			
6307 Jessup Drive				
Zephyrhills, Florida 3354	ddress 40 State & Zip			
407-574-2959 Daytime Te	elephone number	Pic of All (NE PORT Per control of control o		
admin@shopparadisecar E-mail address: (to be used	ndles.com 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 The name of the co	NAME Paradise Candles, Inc.		SECRETARY OF STATE DIVISION OF CORPORATION
	•		12 JAN -3 PM 1: 23
ARTICLE II	PRINCIPAL OFFICE		
c	Principal street address		Mailing address, if different is:
_	6307 Jessup Dr. Zephyrhills, Florida 33540		
-			
ARTICLE III			
	hich the corporation is organized is:	•	
	ving a peddler's certificate the busine		
	nd go to the internet for sales and ge	•	•
	are heading in our Candle Business v	we find it is no	ow time to Incorporate into a
Corporation.			
THE Number of share	SHARES res of stock is:100		
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS .	
	itle:Connie Madden President		e:Al Madden Vice President
Address:	6307 Jessup Drive		6307 Jessup Drive
	Zephyrhills, Florida 33540	<u></u>	Zephyrhills, Florida 33540
Name and Ti	itle:	— Nome and Titl	a.
Address:			
ridai 055.		/\ddress.	
		_	
	tle:		
Address:		Address:	
		_	
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable) o	f the registered ag	ent is:
Name:	Connie Madden	_	
Address:	6307 Jessup Drive	_	
	Zephyrhills, Florida 33540	_	
RTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Connie Madden		
Address:	6307 Jessup Drive	_	
	Zephyrhills, Florida 33540	-	
lavino heen name	ed as registered agent to accept service of proces	s for the above s	ated cornoration at the place designated is
	n familiar with and accept the appointment as reg		
	/ San in Mandala		12/28/2010
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon		
raniem w me De	12 J	y us provided for	n 3.01 /.133, 1°.3.
	Connie Y Modelo	, ·	12/28/2010
	Required Signature/Incorporator		Date