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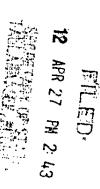
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W12-20769						

Office Use Only



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COVER LETTER

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

SUBJECT: candi-genius Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00	\$78.75	\$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
	1	& Certificate of
	1	Status
	ADDITIONAL CO	OPY REQUIRED
		· · · · · · · · · · · · · · · · · · ·
FROM: lori shecter		
	e (Printed or typed)	
9048 villa portofino clr		
	Address	
boca raton , florida , 33496		
	State & Zip	
•	•	
5612124365		
Daytime T	elephone number	
obostari @amail.co		
shecter1@gmail.com E-mail address: (to be use	d for future annual sancet	notification
L-man address. (to be used	a roi rature amnuai report	nonneanon)

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



April 13, 2012

LORI SHECTER 9048 VILLA PORTOFINO CLR BOCA RATON, FL 33496

SUBJECT: CANDI-GENIUMINC. Ref. Number: W12000020769

We have received your document for CANDI-GENIUM 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please list the City, State and zip code in the document.

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, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 212A00011769

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

ARTICLE I	NAME	candi-g	enius , Inc				
The name of the	corporation shall be:					- din .	
ARTICLE II	PRINCIPAL OF	FICE				FILE	\mathbb{D}
ARTICLES II	Principal stre			Mailing	address, if diffe	rentas:	D11 0 1 1
	9048 villa p	ortofino clr.			, IZ	APR-27	PH 2: 43
	Boca Raton				pt. pt. ex	#*************************************	rija da se e s
	Florida, 334	98			en all i	A Constitution	A STATE OF THE STA
ARTICLE III	PURPOSE						Fig. 40 Television (C. 1988)
	which the corporation	on is organized is:			•	•	
io sen desig	gnea canay	-					
ARTICLE IV	SHARES 100						
The number of sh	nares of stock is:						
ARTICLE V	INITIAL OFFIC	ERS AND/OR DIREC	TORS				
Name and	Title:Lori Shecte	r President	Name and	l Title:			
Address:	9048 Villa	a Portofino Clr.	Address:				
	Boca Ra		/				
	Florida	33496				 	
Name and	Title: Bachel She	cter Secretary Trea	SUITE Name and	l Title			
Address:	9048 Vil	la Portofino Clr	Address:	. TRIC	*·	•	 _
	Boca	Raton					
	Florida	, 33496					··········
Name and	Title:		Nome and	l Titla			
Address:	i itio,		Address:	i i itie.			
ARTICLE VI	REGISTERED A	ACENT.					
		(P.O. Box NOT acceptab	ale) of the registers	nd agent is:			
Name:	Lori Shed	ter	ne) of the registere	a agent is.			
Address:	9048 Vil	la Portofino Clr					
	Boca ra	aton Florida 33496					
RTICLE VII	INCORPORATO	ND					
	Idress of the Incorpor						
Name:	_Lori She						
Address:		la portofino clr.					
	Boca Ra	iton , Fla , 33496					
Iovina basa wan	and as posistered and	ut to goomt comics of m	un a una Cam dh a mh a				
his certificate. I a	neu us regisiereu uge um familiar with and	ent to accept service of pr accept the appointment a	ocess jor ine ubo s registered agent	ve siuieu corpo i and agree to a	oranon at the oct in this cana	piace aesign cito	atea in
) ()/ _		o regionereu ugena	una agree to a	ci in inis capa	//-	
V/110	Xhoa I	le -			Cyn	JV20	2011
- 6) \(\cdot	Required Si	gnature/Registered Agent		_		Date	
_	-						
submit this doc	ument and affirm th	at the facts stated herein	are true. I am a	ware that the	false informa	tion submitte	ed in a
ocument to the L	\ //	onstitutes a third degree j	etony as provided	for in s.817.15	5, F.S.		
X ~~/	· O XIII	/			(m	100	2011
Vu Cu	Paguirad	Signature/Incorporator		_	you	Date	
	vedanea	aignature/incorporator				Date	