

PI50000086538

(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:

WIS-63844

Office Use Only



400277035824

09/18/15--01012--016 **78.75

15 OCT 15 PM 12:26
U.S. DEPT. OF JUSTICE

MD 10/21

COVER LETTER

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

SUBJECT: Carol Anne Candles 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: Carol Anne Hillman

Name (Printed or typed)

696 Kentia Rd

Address

Casselberry FL 32707

City, State & Zip

4073125651

Daytime Telephone number

scotsrule1@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT 15 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 24, 2015

CAROL ANNE HILLIMAN
696 KENTIA RD
CASSELBERRY, FL 32707

SUBJECT: CAROL ANNE CANDLES INC
Ref. Number: W15000063844

We have received your document for CAROL ANNE CANDLES 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 contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return 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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 815A00020232

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Carol Anne Candles Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

696 Kentia Rd

Casselberry

FL 32707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: hand made candle manufacturing
sales and distribution

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol Hillman President

Address 696 Kentia Rd

Casselberry

FL 32707

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: _____

CAROL HILLMAN

Address: _____

696 KENTIA RD

CASSELBERRY FL 32707

15 OCT 15 PM 12:26

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Carol Hillman

Address: _____

696 Kentia Rd

Casselberry FL 32707

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/8/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

10-5-15

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

9/8/15

Date