

P15000010/481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

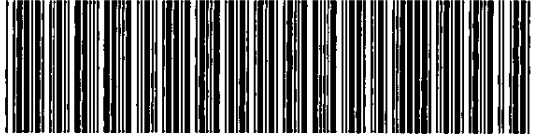
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100279988621

12/15/15--01017--007 **78.75

FILED
15 DEC 15 AM 6:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Rafaella 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: Kim Varona
Name (Printed or typed)
6345 Lauderdale Street
Address
Jupiter, FL 33458
City, State & Zip
561-602-7776
Daytime Telephone number
akvarona@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)

ARTICLE I NAME

The name of the corporation shall be: Rafaella Candles, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6345 Lauderdale Street

Jupiter, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell homemade candles to individuals and businesses.

ARTICLE IV SHARES

The number of shares of stock is: 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kim Varona/President Name and Title: _____

Address: 6345 Lauderdale Street Address: _____
Jupiter, FL 33458

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
15 DEC 5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Kim Varona
Address: 6345 Lauderdale Street
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kim Varona
Address: 6345 Lauderdale Street
Jupiter, FL 33458

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Kim M. Varona 12/11/15
Required Signature/Registered Agent 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.

Kim Varona 12/11/15
Required Signature/Incorporator Date