

P950000064445

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224 8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800 342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

95 AUG 21 PM 2:05  
CAPITAL CONNECTIONS  
TALLAHASSEE, FL 32302

REQUEST TAKEN CONFIRMED APPROVED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY APK \_\_\_\_\_

WALK-IN Will Pick Up 8-21-95

RE: General Search

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> (-) Cmt. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) _____ pgs.		

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG 21 PM 2:05

ARTICLES OF INCORPORATION  
OF  
GOURMET SCENTSATIONS, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation is GOURMET SCENTSATIONS, INC.

ARTICLE II TERM OF EXISTENCE

The date when corporate existence shall commence shall be the date of filing these Articles with the Florida Department of State and the corporation shall have perpetual existence thereafter.

ARTICLE III NATURE OF BUSINESS

The corporation is organized for the purpose of engaging in any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

313 John Ringling Boulevard  
Sarasota, FL 34236

#### ARTICLE V CAPITAL STOCK

The aggregate number of shares which the corporation is authorized to have outstanding at any time is One Hundred (100) shares of common stock (designated as common shares) which shall have a par value of One Dollar (\$1.00) per share.

#### ARTICLE VI DIRECTORS

The corporation shall have two (2) directors initially. The number of directors may be increased or diminished from time to time by the By-Laws of the corporation, provided that the corporation shall always have at least two (2) directors. The name and street address of the initial directors of this corporation, who shall serve until their successors, if any, are duly elected and qualified are: Peter S. Schatz - 3030 Gulf of Mexico Dr., Longboat Key, Florida 34228 and Rae B. Schatz - 3030 Gulf of Mexico Dr., Longboat Key, Florida 34228.

#### ARTICLE VII INCORPORATOR

The names and street addresses of the incorporators to these Articles of Incorporation are:

Peter S. Schatz  
3030 Gulf of Mexico Dr.  
Longboat Key, FL 34228

Rae B. Schatz  
3030 Gulf of Mexico Dr.  
Longboat Key, FL 34228

ARTICLE VIII INDEMNIFICATION

The corporation shall indemnify any director or officer or any former director or officer, to the full extent permitted by law.

ARTICLE IX AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law.


ARTICLE X INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Robert M. Fournier  
1800 Second Street, Suite 803  
Sarasota, FL 34236

The undersigned have executed these Articles of Incorporation this 15<sup>th</sup> day of August, 1995.

  
Peter B. Schatz

  
Rae B. Schatz

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

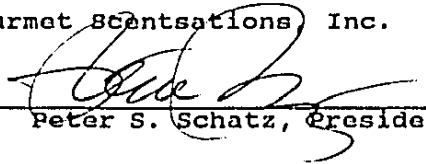
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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT - REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating its registered agent/registered office, in the State of Florida:

1. The name of the corporation is **Gourmet Scentsations, Inc.**
2. The name and address of the registered agent and office are: Robert M. Fournier, Esq.  
1800 Second Street, Suite 803  
Sarasota, FL 34236

Gourmet Scentsations Inc.

  
By: Peter S. Schatz, President

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature:   
Robert M. Fournier

Date: August 15, 1995