# P9100007963

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

1011001000, 1 2 3 2 3				
SUBJECT: It	ne Firelahra Candle C (Proposed co	rporate name - must includ	10000000000000000000000000000000000000	
Enclosed is an origin	nal and one(1) copy of the articles	of incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	CRAIG M. TINGLEY Name (Pr	rinted or typed)	<del></del>	
	16414 ST. TRUP	EZ Placo Address	TALL APAS	F 11 97 AUG 1
	TAMPS FURNO	1 33615 State & Zip	351 E. FLOI	FILED AUG 18 AH 7:5
	<u> </u>	elephone number	RIBA	56 56

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

FILED

# ARTICLES OF INCORPORATION

97 AUG 18 AM 7: 56

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation

ART	ICLE I	NAME

The name of the corporation shall be

The Firelabra Cordle Company

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be

8C18 S.R. 54 NEW PORT Rathly, FL 34653

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ICCC Shake's

# INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Crow M. Tracky 1044 ST TRUEZ Place TAMPLY FL 33615 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Cena M. Tinjey 10414 ST. TROPEZ PARE Trapa FL 33615

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated 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 a registered agent

Signature/Registered Agent