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

900002403059--6 -01/16/98--01066--002 *****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation	ana	d a check for :
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\$70.00	
Filing Fee	



□ \$122.50	
Filing Fee	

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Diane Simpson	•
	Name (Printed or typed)	
	8644 NW 29 DR	
	Address	-
	A SECONDARIAN SECO	98
	CORAL SPRINGS Fe, 330655	JAN
	City, State & Zip	~ _
	(954) 796-0564	
	Daytime Telephone number	ထ္

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

ARTICLE OF INCORPORATION OF

SO MILED MOU The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby form a corporation under the laws of the State of Florida.

ARTICLE I

CORPORATION NAME

The name of the corporation is Candy Expressions, Inc.

ARTICLE II

NATURE OF BUSINESS

The corporation may transact any lawful business for which corporations may be incorporated under the Florida Business **Corporations Act.**

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock. The consideration paid for each share shall be fixed by the Board of Directors from time to time.

ARTICLE IV

CERTIFICATES

Shares of the corporation must be evidenced by the issuance of certificates. The form and content of the certificates shall be prescribed by Florida Law.

ARTICLE V

ADDRESS

The initial street address of the principal office of this corporation is 12356 NW 13th Court, Pembroke Pines, Florida 33026.

ARTICLE VI

TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII

INDEMNIFICATION

Each director, stockholder and officer, in consideration for his services, shall in the absence of fraud, be indemnified, whether then or in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

ARTICLE VIII

INITIAL DIRECTOR

The name and address of the initial Director who shall hold office until her successor is elected and has qualified is:

Jennifer Lieb

12356 NW 13th Court Pembroke Pines, Fl. 33026

ARTICLE IX

INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is as follows:

NAME

ADDRESS

Diane Simpson

8644 NW 29th Drive Coral Springs, Fl. 33065

ARTICLE X

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the corporation's initial registered agent is 8644 NW 29th Drive, Coral Springs, Fl. 33065 and the name of the initial registered agent at that office is Diane Simpson.

ARTICLE XI EFFECTIVE DATE

The initial date of incorporation shall be effective on the date this document is filed as evidenced by the Department of State's date and time endorsement on the original document.

ARTICLE XII

AMENDMENT

These articles of Incorporation may be amended in the manner provided by Florida Law.

The undersigned incorporator has executed these Articles of				
Incorporation this 3 day of Amu	<u>un</u> , 199 <u>8</u> .			
\mathcal{Q} .				
Deane Dempser	-			
Signature /	- 1 - 11			

fn:candy

CERTIFICATE OF DESIGNATION OF 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 THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is	CANDY	EXPRE:	S\$10N\$	INC.
· ·	:	* Province		
2. The name and address of the regis	stered agent and office	is:		
DIA:	NE SIMPS (NAME)	Clo		98 SECRE
	44 NW 29		The state of the s	MAN 16 TAKLL ASSEE,
(P. O. E	Box or Mail Drop Box NC	ACCEPTABLE)		
_ COR	AC SPRINGS (CITY/STATE/ZIP)	M.	33065	8: . 0/2/17:
	(City/State/Zip)	1		P
		į		
Having been named as registered age at the place designated in this certific to act in this capacity. I further agree and complete performance of my dutie	cate, I hereby accept the e to comply with the pr	e appointment (ovisions of all .	as registered e statutes relativ	agent and agree
as registered agent.	f	į,	Amanga makan makan	og my position
Ourin do	hand.			1, 12