15394	DODDOD Castellanos questor's Name <u>J. W. 168 Jenrace</u> Address <u>Address</u> <u>J. 33187</u> Zip Phone #	3000024515436 -03/10/9801012008 ******70.00 ******70.00 Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMB	ER(S), (if known):
1(Corr	poration Name) (Docur	ment #)
0		
(Corp	poration Name) (Docum	ment #)
3(Corr	poration Name) (Docu	ment #)
4		
<u>(Corp</u>	poration Name) (Docu	18
		ment #)
		_
	Pick up time	Certified Copy
		_
Mail out	Pick up time Will wait Photocopy	Certified Copy
	Pick up time	Certified Copy Certificate of Status
Mail out	Pick up time Will wait Photocopy AMENDMENTS	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit	Pick up time Will wait Photocopy AMENDMENTS	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability	 Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent 	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger RECISTRATION/	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocopy AMENDMENTS Amendment Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger RECISTRATION/ Foreign Limited Partnership Reinstatement	Certified Copy Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certified Copy Certificate of Status

s *

۰.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 11, 1998

POLA CASTELLANOS 15394 S.W. 168 TERRACE MIAMI, FL 33187

SUBJECT: CANDY, INC. Ref. Number: W98000005477

We have received your document for CANDY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6925.

Barbara Brock Document Specialist

Letter Number: 498A00013347

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CANDY OF SOUTH FLORIDA, CORP.

ARTICLE II PRINCIPAL OFFICE

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

2003 N.W. 21 St. Miami, Fl. 33142

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1000) shares at One Dollar (1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Pola Castellanos 15394 S.W. 168 Terr. Miami, Fl. 33187

SULVETANY	98 MAR 24		· =
nc.	AM	T	
F STATE	8: 30		

ARTICLE V INCORPORATOR(S) See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Director & President.

Pola Castellanos 15394 S.W. 168 Terr. Miami, Fl. 33187

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

<u>5</u> day of <u>March</u>, 1998

Ynag

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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 OF SOUTH FLORIDA, CORP.

2. The name and address of the registered agent and office is:



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 as registered agent.

-5-98 DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314