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OFFICE USE ONLY (LOCUME)

LAZARUS CORPORATE FILING SERVICE, INC.		\$50 B 1/2
(Requestor's Name)		
3320 S.W. 87th AVENUE		7070
(Address)		20 %
MIAMI, FLORIDA (305)552-5973		
(City, State, Zip) (Phone #)		957
LOCAL REPRESENTATIVE TALLAHASSEE	OFFICE USE ONLY	E.

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corporation Nama)	(Document #).	•
(Corporation Name)	(Document #) 5000025050 -04/29/980105 ****122.50 **	7 650 3010 **122.50
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	2,50 Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Y Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
, Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger " A DA 68	77

OTHER FILNGS
Annual Report
 Fictitious Name
Name Reservation

K Holle APR 2 9 1998 W98-9631

K. Rolfe APR 3 0 1998

REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
Reinstatement
Trademark
Other



Examiner's Initials

CR2E031(9/92)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 29, 1998

LAZARUS CORPORATE FILING SERVICE, INC.

MIAMI, FL

SUBJECT: AROMAS INC. Ref. Number: W98000009631

We have received your document for AROMAS INC. and your check(s) totaling \$122.50. 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.

olf you have any questions concerning the filing of your document, please call (850) 487.8932.

Kimberly Polite Document Specialist

Letter Number: 998A00023356

ARTICLES OF INCORPORATION

SEREN SERVICED PAGE 11

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

ARTICLE I NAME

The name of the corporation shall be:

AROMAS CANDLES INC.

ARTICLE II PRINCIPAL OFFICE

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

4410 WEST 116 AVE # 5-315 HIALEAH FL 33012

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CARLA CABELLO 4410 WEST 16 AV # 5-315 HIALEAH FL 33012

ARTICLE V INCORPORATOR(S)

The name(s)) and street	address(es)	of the i	ncorporator(s)	to these	Articles (οf
Incorporatio	n is(are):						

CARLA; CABELLO / / 5-315 4410, WEST 16; AV # 5-315 HIALEAH FL 33012

ARTICLE VI DIRECTOR(S)

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

CARLA CABELLO 4410 WEST 16 AV # 5-315 HIALEAH FL 33012

•	s) has(have) executed these Articles of, 19 ₉₈
	Signature
	Signature
	Signature ·

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is:	: AROMAS CANDLES INC.
The name and address of the re	egistered agent and office is:
CARLA_CABELLO -	eri egi e
	(NAME)
4410 WEST 16 AV # 5-315	
(P.O. BOX <u>N</u>	NOT ACCEPTABLE)
HIALEAH FL , 33012	<u> </u>
(CITY	(/STATE/ZIP)

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.

SIGNATURE

DATE APRIL 27/98

REGISTERED AGENT FILING FEE: \$35.00

98 APR 30 PM 4: 11
SECRETARY OF STATE
TALLAHASSEE, FLORID,