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Department of State Division of Corporation P. O. Box 6327			98 HAY 1 1
Tallahassee, FL 32314	4		3
SUBJECT: ST	ILL WATER CAND	Y SHOPPE I	NC, g
	(Proposed corpor	ate name - must include su	ffix)
		هم مصد پدی کا مدادمین در وین	
		6	000025187 -05/1179801 ******70.00
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for:
\$70.00	\$78.75	□ \$122.50 _	□ \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	PHILIP FRO	MM HOLZ	
Name (Printed or typed)			
	P.O. 130X	15312	
-	Address		
SARASOTA, FL 34277			
	City,	State & Zip	
	(941) 95	14-3838	
Daytime Telephone number			

4/19

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

STILLWATER CANDY SHOPPE, INC



ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 15312 SARASOTA, FL 34277

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Philip Frommholz 2926 MARKRIDGE ROAD SARASOTA, FL 3423/ ARTICLE V INCORPORATOR

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

PHILIP FROMMHOLZ 2926 MARKRIDGE ROAD SARASOTA, FL 34731

Signature/Incorporator

5-5-98

Date

(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 as registered agent

Signature/Registered Agent

Date