

TRANSMITTAL LETTER

000000099526

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

900003425939--1
-10/16/00--01097--006
*****43.75 *****43.75

SUBJECT:

Emily's Timeless Treasures, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM:

KARI WHITTEMORE
Name (Printed or typed)

EFFECTIVE DATE

10-10-00

P.O. Box 110753
Address

Naples, FL 34108-D113
City, State & Zip

941 860 6121
Daytime Telephone number

900003425939--1
-10/23/00--01026--022
*****35.00 *****35.00

FILED
00 OCT 16 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. Burch OCT 23 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EFFECTIVE DATE
10/10/00

ARTICLE I NAME

The name of the corporation shall be:

Emily's Timeless Treasures, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6031 14th AVE NW / PO Box 110753
Naples, FL 34119 / Naples, FL 34108-0113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Resale of used and antique items

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Kari Whittemore - President
6031 14th Ave NW
Naples, FL 34119

Gary Thorsen - Vice President
6031 14th Ave NW
Naples, FL 34119

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kari Whittemore
6031 14th Ave NW
Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kari Whittemore
6031 14th Ave NW
Naples, FL 34119

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

10/10/00

Signature/Incorporator

Date

10/10/00

FILED

00 OCT 16 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
10-10-00