Division of Corporations

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## Florida Department of State

Division of Corporations

Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number = (305)716-0346

## FLORIDA NON-PROFIT CORPORATION

FAIRY Tales Thrift Store,

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Certificate of Status	0
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#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shalf be:

FAIRY TALES THRIFT STORE, INC.

ARTICLE II PRINCIPAL OFFICE

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

9977 SW 56 Street, Miami, Fl 33173.

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

The purpose of the Corporation is to help single parents with their utility bills and partial rent payments, to aliviate the pression of stress, and in turn, the could raise kids for a better society and dedicate quality time to them.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The manner of Election will be stated in the bylaws of the Corporation.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROXANNE ANGELICA

9977 SW 56 Street Miami, Fl 33173.

ARTICLE VI INCORPORATOR

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

Roxanne Angelica 9350 SW 64th Street

9350 SW 64th Street Miami, Fl 33173.

JOSEPH P. ENCINOSA 111 Miami Gardens Rd Hollywood, Fl 33023.

SILVIA RODRIGUEZ 9350 SW 64th Street Miami, Fl 33173.

/Roxanne Angelica

Signature/Incorporator

(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 | S | 16 | 0 |
| Date

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