

N13006602581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

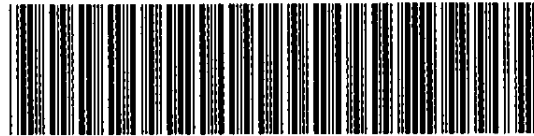
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 MAR 18 PM 3:22

RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAR 18 PM 3:31

COVER LETTER

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

SUBJECT: Bless Thrift + More Retail, 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

ADDITIONAL COPY REQUIRED

FROM: BLESS THRIFT & MORE RETAIL, INC
Name (Printed or typed)

133 M & M LANE
Address

QUINCY, FL 32351
City, State & Zip

850-933-1827
Daytime Telephone number

aprilbrown727@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: BLESS THRIFT & MORE RETAIL, INC

ARTICLE II PRINCIPAL OFFICE

~~21813~~ Principal street address:

~~2018~~ 9 SOUTH ADAMS STREET

TALLAHASSEE, FL 32304

Mailing address, if different is:

133 M & M LANE

QUINCY, FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SALE SECOND HAND, RECONDITION AND
NEW ITEMS. HOME CLEANING FOR THE ELDERLY, HANDICAPPED
AND DISABLE

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

SOLE PROPRIETOR by Election of the Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: APRIL N. BROWN

Address: 133 M & M LANE

QUINCY

FLORIDA 32351

Name and Title: OWNER

Address: 133 M & M LANE

QUINCY

FLORIDA 32351

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 MAR 18 PM 3:31



Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: EMANUEL SAPP

Address: PO BOX 1302 821-2nd STREET
QUINCY, FLORIDA 32351

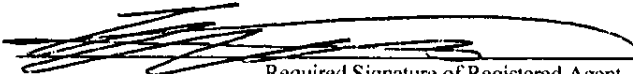
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: APRIL N BROWN

Address: 133 M & M LANE
QUINCY, FLORIDA 32351

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



Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

03/06/13

Date

03/06/13

Date

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TALLAHASSEE FLORIDA

FILED