

019000004273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

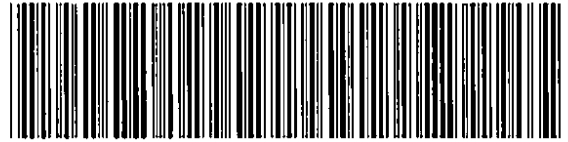
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TALL MOUNTAIN

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)

205 ST. HELENA ROAD
Address

QUINCY, FLORIDA 32352
City, State & Zip

APRILBROWN 731 @ GMAIL.COM
Daytime Telephone number

850-815-0383
APRILBROWN 731 @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 THIEFT & MORE RETAIL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

205 ST. HEBRON ROAD

QUINCY, FLORIDA 32352

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SALE SECOND HAND,
RECONDITION ITEMS, CLOTHES - CONSIGNMENT &
RESUME AND NEW ITEMS. ALSO HOME RESIDENTIAL
CLEANING SERVICE FOR THE ELDERLY,
HANDICAPPED AND DISABLE.

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

BY ELECTION OF THE DIRECTORS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: APRIL N. BROWN Name and Title: PD

Address: 205 ST. HEBRON ROAD Address: 205 ST. HEBRON ROAD

QUINCY, FLORIDA 32352

QUINCY, FLORIDA 32352

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2019 APR 24 PM 3:19

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 SAAP

Address: 821 - 2ND STREET
QUINCY, FLORIDA 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: APRIL N. BROWN

Address: 205 ST. HELEON ROAD
QUINCY, FLORIDA 32352

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/18/2019
Date

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

04/18/2017
Date