Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

: (850)922-4001 Fax Number

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number: 104512000707 : (305)867-8448 Phone

Fax Number : (305)264-0232

FLORIDA NON-PROFIT CORPORATION

THRIF SHOP, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

B. McKnight **DEC** 1 6 1999

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 shall be:

THRIF SHOP, CORP.

PRINCIPAL OFFICE

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

2232 ALTON RD.

MIAMI BEACH, FL.33140

PURPOSE(S)

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

THE PURPARE OF THIS CORPORATION SHAL BE TO CALLECT DONATIONS FOR CANCER AND SIDA .

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

BY THE DIRECTORS MAYORITY VOTE AT AN ANNUAL MEETING.

<u> Initial registered agent and street address</u>

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

CARMEN RAMIREZ 2232 ALTON RD MIAMI BEACH, FL.33140

INCORPORATOR ARTICLE VI

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

CARMEN RAMIREZ (DIRECTOR & PRESIDENT)

2232 ALTON RD

MTAMI BEACH, Pi

Signature/focorporator

BONNY GARCIA (TREASURER & DIRECTOR)

2232 ALTON RD

MIAMI BEACH, FL.33140

FREDDY PRATTS (SECRETARY & DIRECTOR

2232 ALTON RD

MIAMI BEACH, FL. 33140

(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 c. oacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance : f my duties, and I am familiar with and accept the obligations of my position as registered agent,

Signature/Registered Agent

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