

P00000057726

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

600003279866--6
-06/07/00--01052--002
*****70.00 *****70.00

SUBJECT: TIMELESS TREASURES ANTIQUES AND GIFTS, 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: BONNIE CHAVES
Name (Printed or typed)

18395 GULF BLVD SUITE 103
Address

INDIAN SHORES, FL 33785
City, State & Zip

727-397-7809
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUN -7 PM 4:29

FILED

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

T BROWN JUN 14 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

TIMELESS TREASURES ANTIQUES AND GIFTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

18395 GULF BLVD.

SUITE 103

INDIAN SHORES, FL 33785

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**THE PURPOSE IS TO ENGAGE IN ANY ACTIVITY OF BUSINESS
PERMITTED UNDER THE LAWS OF THE UNITED STATES AND FLORIDA**

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES, ALL OF ONE CLASS AT ONE DOLLAR PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

BONNIE CHAVES

18395 GULF BLVD.

SUITE 103

INDIAN SHORES, FL 33785

ARTICLE VI REGISTERED AGENT

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

BONNIE CHAVES

18395 GULF BLVD.

SUITE 103

INDIAN SHORES, FL 33785

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BONNIE CHAVES

18395 GULF BLVD.

SUITE 103

INDIAN SHORES, FL 33785

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

Bonnie Chaves
Signature/Registered Agent

6-5-00
Date

Bonnie Chaves
Signature/Incorporator

6-5-00
Date

FILED
00 JUN -7 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA