

P00000082330

TRANSMITTAL LETTER

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

400003373624--6  
-08/25/00--01094--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: The Collectors Mint, 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: The Collectors Mint, Inc. / TOM MORGAN  
Name (Printed or typed)

3533 N. Pine Island Rd  
Address

SUNRISE, FL. 33351  
City, State & Zip

954-747-6989  
Daytime Telephone number

FILED  
00 AUG 25 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ajc  
8/30

# 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: **THE COLLECTORS MINT, INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**3533 N. PINE ISLAND RD  
SUNRISE, FL. 33351**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**ALL PURPOSES PERMITTED BY LAW**

## ARTICLE IV SHARES

The number of shares of stock is: **100**

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**TOM MORGAN**

## ARTICLE VI REGISTERED AGENT

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

**TOM MORGAN  
3533 N. PINE ISLAND RD.  
SUNRISE, FL. 33351**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**TOM MORGAN  
3533 N. PINE ISLAND RD.  
SUNRISE, FL. 33351**

\*\*\*\*\*

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

**Tom Morgan**

Signature/Registered Agent

**8.22.00**  
Date

**Tom Morgan**

Signature/Incorporator

**8.22.00**  
Date

**FILED**  
**00 AUG 25 PM 1:57**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**