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TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JAN 16 PM 1:06

FILED

SUBJECT: AUNTIE EM'S ATTIC INC
(Proposed corporate name - must include suffix)

900003538769--6
-01/16/01--01131--008
*****78.75 *****78.75

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: MARY GIRARDI
Name (Printed or typed)

6315 TAYLOR ST
Address

HOLLYWOOD FL 33024-7731
City, State & Zip

954-961-6654
Daytime Telephone number

F. CHESSEN JAN 18 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: AUNTIE EM'S ATTIC INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II PRINCIPAL OFFICE

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

6315 TAYLOR ST
HOOLYWOOD FL 33024 7731

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARY GIRARDI
6315 TAYLOR ST
HOOLYWOOD FL 33024 7731

ARTICLE V INCORPORATOR

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

MARY GIRARDI
6315 TAYLOR ST
HOOLYWOOD FL 33024 7731

Mary Girardi
Signature/Incorporator

1-15-2001

Date

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

Mary Girardi
Signature/Registered Agent

1-15-2001

Date