

PO 1000 2/16/35

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

700003782427--6

-02/27/01--01065--007

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CHIVA THRIFT STORE, CORP.
(Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
01 FEB 28 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2/28
1001-4
DIVISION OF CORPORATION
01 FEB 27
RECEIVED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 27, 2001

LAZARUS

SUBJECT: CHIVA THRIFT STORE, CORP
Ref. Number: W01000004538

We have received your document for CHIVA THRIFT STORE, CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct spelling in the principal address and throughout document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 401A00012411

RECEIVED
01 FEB 28 PM 3:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME:

The Name of the Corporation shall be:

CHIVA THRIFT STORE, CORP

ARTICLE II PRINCIPAL OFFICE

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

3591 NW ANDREWS AVENUE
OKLAND PARK, FLORIDA 33334

ARTICLES III SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five Hundred (500) of One dollar(s)(\$1.00)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Eda Felix
385 West 49th Street
Hialeah, Florida 33012

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01 FEB 28 PM 3:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATORS(S)

The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):

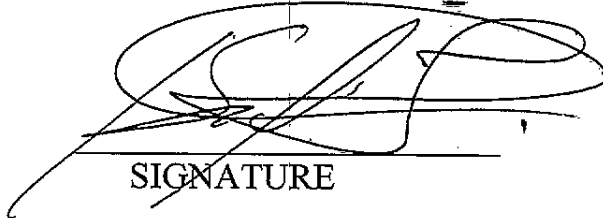
HIRAM J. TORRES
1118 NW 16 STREET
FORT LAUDERDALE, FL 33311

ARTICLE VI(DIRECTORS)

The name(s) and street address(es) of the director(s) to these Article of Incorporation is (are):

HIRAM J TORRES - PRESIDENT
3591 NW ANDREWS AVENUE
OKLAND PARK, FL 33334

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 23 days of February, 2001.



SIGNATURE

SIGNATURE

SIGNATURE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.501, Florida Status, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

1. The name of the corporation is: **Chiva Thrift Store, Corp**
2. The name and address of the registered agent and office is:

**Eda Felix
385 West 49th Street
Hialeah, Florida 33012**

**HAVING BEEN NAME 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.**

SIGNATURE _____

Eda Felix

DATE _____

2-26-01

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TALLAHASSEE FLORIDA