Department of State

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

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

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SUBJECT:	Play It Again	Consignment Boutique	Inc	
· (P	ROPOSED CORPORATE N	JAME – MUST INCLUDE SU	JFFIX)	
Enclosed is an original	inal and one (1) copy of	the articles of incorporat	ion and a check for ·	
Enterosod is an orig.	mar and one (1) copy of	the articles of meorporat	ion and a check for .	_
\$70.00	x \$78.75	S122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
	ADDITIONAL COPY REQUIRED			
				_
FROM:	Mona	Carroll		
TROM	OM: . Mona Carroll Name (Printed or typed)			
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<u>.</u>	2939 Sout	<u>. O S #!</u>	HAR -5 RELATIY O AHNSSEE,	=
-	Address ⊕ S			H D
	Fort Pierce,	FL 34982	Self 5	•
<u>.</u>			<u> </u>	-
	City, State & Zip			
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Daytime Telephone number

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

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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:

Play It Again Consignment Boutique Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2949 South US # 1 Fort Pierce, FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consignment clothing Sales

ARTICLE IV SHARES

1000 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mona Carroll

2949 South US # 1

Fort Pierce, FL 34982

ARTICLE VI REGISTERED AGENT

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

Mona Carroll 2949 South US # 1

Fort Pierce, FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mona Carroll

2949 South US # 1

Fort Pierce, FL 34982

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

Signature/Registered Agent

Signature/Incorporator

Date

Date