P0100007990

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

SUBJECT: CLASSIC TYEASURES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an original and	i one(1) copy of	the articles of incorpora	tion and a check for
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	\$70.00
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\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: SONIA MOORE

Name (Printed or typed

P.O. BOX

171334

Hia leah,

FL 33017

City, State & Zip

(305) 962-8892 Daytime Telephone nu

Daytime Telephone number

700004534677--5 -08/14/01--01082--009 ******78.00 ******78.00

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	- Ac	
ARTICLE I NAME The name of the corporation shall be:	- ANDVED	
Classic Treasures, Inc.	ALLAHASSX OF STOR	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 172462 Higheah, FL 33017	TAHASSEE FLORIDA	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Jor retail pales and distribution of and Keepsake items.	z rebetties, Reisloom	0/
ARTICLE IV SHARES The number of shares of stock is: Onl		
ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es):		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> of the registered agent is: Sonia Moore		
1375 SW 101 Way #103		
tembroke Pines, FL 33025		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	er er er	
Sonia Moore		
P.O. Box 17/334		
Hialeak, IC 33017		
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	**************************************	
- Seria E. MIRCE	8/14/01	
Signature/Registered Agent	Date	
Sonia & Moore	8/14/01	