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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

FAIRY TALES THRIFT PLACE INC.

FILED
01 NOV -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$78.75

S. McKnight NOV 05 2001

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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:

FAIRY TALES THRIFT PLACE INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

9377 SW 56 ST MIAMI, FL 33165

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Retail store

ARTICLE IV SHARES
The number of shares of stock is:

100 share at $1.00 per value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s), address(es) and title(s):

ROYANNIE ANGELICA
9377 SW 56 ST
MIAMI, FL 33165

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:

ROYANNIE ANGELICA
9377 SW. 56 street, Miami, FL 33165.

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

ROYANNIE ANGELICA
9377 S.W. 56 Street, Miami, FL 33165.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

X _____
Signature/Registered Agent

11/2/01
Date

_____
Signature/Incorporator

11/2/01
Date

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