

# PO7000011164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

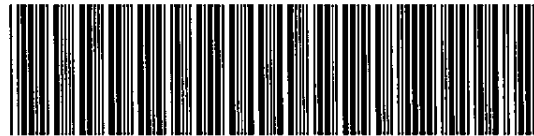
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
07 JAN 24 AM 10:21  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2007 JAN 24 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C-8.1-25

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Conny Dollar Store Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☒ Pick up time \_\_\_\_\_    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ 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

Examiner's Initials

**ARTICLES OF INCORPORATION  
OF  
CONNY DOLLAR STORE INC**

**FILED**  
2007 JAN 24 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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:

**CONNY DOLLAR STORE INC**

**Article II - Principal Office**

The principal place of business shall be:

505 NW 72 AVE  
APT # 102  
MIAMI, FLORIDA 33126

**Article III - Shares**

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

**ONE THOUSAND (1,000)**

**Article IV - Purpose**

To carry on and engage in any and all lawful business or businesses.

**Article V - Initial Registered Agent and Street Address**

The name and address of the initial registered agent is:

**DOLORES C. RIVAS**  
505 NW 72 AVE  
APT # 102  
MIAMI, FLORIDA 33126

Article V – Incorporator(s)

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

NAME	Office	ADDRESS	Shares
DOLORES C. RIVAS	P/V.P/S/D	505 NW 72 AVE APT # 102 MIAMI, FLORIDA 33126	1000

Article VI Directors

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

The same as Incorporators.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

23 Day of JANUARY, 2007

WITNESS:

\_\_\_\_\_

Dolores Rivas  
DOLORES RIVAS

\_\_\_\_\_

\_\_\_\_\_

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2007 JAN 24 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is: **CONNY DOLLAR STORE INC**

2. The name and address of the registered agent and office is:

**DOLORES C. RIVAS**  
505 NW 72 AVE  
APT # 102  
MIAMI, FLORIDA 33126

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dolores Rivas (Seal)  
DOLORES C. RIVAS