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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

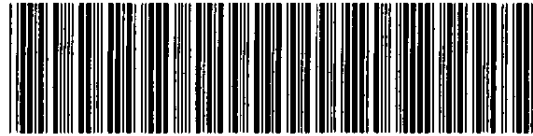
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2008 AUG 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: OLD TOWN LEATHER & GIFTS, INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC.
Name (Printed or typed)
312 E. VENICE AVE, SUITE 203
Address
VENICE, FLORIDA 34293
City, State & Zip
732-829-8397
Daytime Telephone number

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

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:

OLD TOWN LEATHER & GIFTS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17 CUNA STREET
ST. AUGUSTINE, FLORIDA 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES (NO PAR)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KATHLEEN M. TAGLIALAVORE
17 CUNA STREET
ST. AUGUSTINE, FLORIDA 32084

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

VICTOR M. VERDI C/O VERDI ASSOCIATES GROUP, INC.
312 E. VENICE AVENUE, SUITE 203
VENICE, FLORIDA 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHLEEN M. TAGLIALAVORE
17 CUNA STREET
ST. AUGUSTINE, FLORIDA 32084

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

Kathleen M. Taglialavore
Signature/Registered Agent INCORPORATOR

8/20/08
Date

Victor M. Verdi
Signature/Incorporator Registered Agent

8/20/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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