

PD8-0000983/8

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 3 2008

D. A. WHITE

## COVER LETTER

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

**SUBJECT:** DIVAS THRIFT STORE, INC

(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** RAMON REYES

Name (Printed or typed)

5035 PALM AVE

Address

HIALEAH, FL 33012

City, State & Zip

305 822 0669

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:

DIVAS THRIFT STORE, INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

17882 PRADO BLVD  
LOXAHATCHEE, FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL BUSINESS ALLOW BY THE STATE

## ARTICLE IV SHARES

The number of shares of stock is:

10,000.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT: MONICA ALVAREZ	VICE-PRESIDENT: SULEIVYS CONTRERA
17882 PRADO BLVD	17882 PRADO BLVD
LOXAHATCHEE, FL 33470	LOXAHATCHEE, FL 33470

## ARTICLE VI REGISTERED AGENT

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

MONICA ALVAREZ  
17882 PRADO BLVD  
LOXAHATCHEE, FL 33470

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MONICA ALVAREZ  
17882 PRADO BLVD  
LOXAHATCHEE, FL 33470

\*\*\*\*\*

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

Monica Alvarez

Signature/Registered Agent

Monica Alvarez

Signature/Incorporator

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/21/08

Date

10/21/08

Date