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SECRET OF STATE
FALL / WASHINGTON, DC

T. Burch FEB 15 2011

COVER LETTER

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

SUBJECT: HIDDEN TREASURES THRIFT SHOP 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: WILLAM E. MILLER
Name (Printed or typed)

7402 OVERBROOK DR.
Address

TAMPA, FL 33634
City, State & Zip

(813) 889-8962
Daytime Telephone number

mfsg@verizon.net
E-mail address: (to be used for future annual report notification)

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

HIDDEN TREASURES THRIFT SHOP INC.

ATX1

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: HIDDEN TREASURES THRIFT SHOP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1410 SHELL FLOWER DR.
BRANDON, FL 33511

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GENERAL MERCHANDISE SALES

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOMORIO S. RUEDA, PRESIDENT
Address: 1410 SHELL FLOWER DR.
BRANDON, FL 33511

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

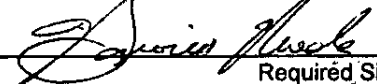
Name: HONORIO S. RUEDA
Address: 1410 SHELL FLOWER DR.
BRANDON, FL 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM E. MILLER
Address: 7402 OVERBROOK DR.
TAMPA, FL 33634

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


Required Signature/Registered Agent

2/9/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

2/9/11
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA