## P110000021553

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500196018195

02/28/11--01013--013 \*\*78.75

SECRETARY OF STATE ALLAHASSEE, FLORIDA 11 FEB 28 PH 3: 5:





## **COVER LETTER**

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

SUBJECT: Silver Fox Antiques Inc	·
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy Certificate of Status  ADDITIONAL COPY REQUIRED
	ADDITIONALD COLL MOQUILLED
FROM: Edward m Sevcik	(Printed or typed)
104 Mary Dr	
A	ddress
Oldsmar, Fl. 34677	State & Zip
727-768-9987  Daytime Te	elephone number
irvintage@yahoo.com E-mail address: (to be used	for future annual report notification)

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)

The name of the	Sliver Fox Antiques in corporation shall be:	c AND FILED
	·	: ILED
ARTICLE II	Principal street address	Mailing address, fiften graps: PH 3:
	2250 SR 580, Ste 3	104 Mary Dr
	Clearwater, Fl. 33763	Oldsmar, Fl. 34677
		Oldsmar, Fl. 34677 SECRETARY OF STATE AHASSEE. FLOR
A DOTAL D III	PURPOSE	MULANASSEE, FLOR
	PURPOSE r which the corporation is organized is:	
Retail on si service.	ite and online sales of vintage and an	tiques, eBay drop service and pack and ship
ARTICLE IV		
The number of s	shares of stock is: TEN	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	<u>ORS</u>
	Title:Liela L Sevcik, President	Name and Title: Edward M Sevcik, Co-Presid
Address:	104 Mary Dr.	Address: 104 Mary Dr
	Oldsmar, Fl. 34677	Oldsmar, Fl. 34677
Name and	l Title:	Name and Title:
Address:		Address:
NT 1	T'AL-	Name and Title:
Address:	True	Name and Title:Address:
Addiess.		
	REGISTERED AGENT	a Citiza manintamad magnet in
Name:	Florida street address (P.O. Box NOT acceptable Edward M Sevcik	
Address:	104 Mary Dr	<del></del>
/ \daress.	Oldsmar, FL 34677	
	•	<del></del>
	INCORPORATOR	•
	address of the Incorporator is:	
Name:	Edward M Sevcik	<del></del>
Address:	104 Mary Dr Oldsmar, Fl. 34677	<del></del>
	Olusiiiai, F. 54077	<del></del>
		ess for the above stated corporation at the place designate
this certificate, i	I am familiar with and accept the appointment as	registered agent and agree to act in this capacity
	01 01	1 1
	dural M late	2/24/2017
	Required Signature/Registered Agent	Date /
I SUDMIT THIS do	ocument and affirm that the facts stated herein Department of State constitutes a third degree fe	ure true. I am aware that the false information submitted ony as provided for in \$ 817.155 F.S.
		ony as proviuca jor in 5.017.133, E.S.
	Required Signature/Incorporator	2/24/201
	Required Signature/Incorporator	Date
	reduite rigimentation bounts	_ <del></del>

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:			FILED			
The manie of the	corporation shall be:			*		
ARTICLE II	PRINCIPAL OFFICE			11 FEB 28 if different is:	PM 2. E.	
	Principal street address	Mai	ling address,	if different is:	111 3: 35	
	2250 SR 580. Ste 3	104 Mary C	)r 	SECRETAGE	/ \27	
	Clearwater, Fl. 33763	Olosmar, F	-1340//	SECHETARY TALLAHASSER	- STATE - FLORIDA	
ARTICLE III	PURPOSE					
	which the corporation is organized is: te and online sales of vintage and anti-	ques, eBay drop :	service a	nd pack and	ship	
ARTICLE IV	SHARES					
	pares of stock is: TEN					
ADDIOLE II	INTERAL OPPIONDS AND/OR DIRECTOR	D.C.				
	INITIAL OFFICERS AND/OR DIRECTOR Title: Liela L. Sevcik, President		tward M.S	Sevcik, Co-Pr	esident	
Address:	104 Mary Dr.	Address: 10	4 Mary D	<u>Γ</u>		
	104 Mary Dr. Oldsmar, Fl. 34677	Ω	dsmar, Fl	. 34677		
Name and	Title:	Name and Title:				
Address:	THE.	Address:				
					<del> </del>	
Nome and	Title:	Nama and Title:				
Address:	THE.	Address:				
, jaaress,						
ADMINI D DI	DPOICTEDED ACTAFF					
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is	r.			
Name:	Edward M Sevcik		•			
Address:	104 Mary Dr					
	Oldsmar, Fl. 34677	<u> </u>				
4 D.801 OT ES 1777	FINODROP 4 WOR					
	INCORPORATOR  ddress of the Incorporator is:					
Name:	Edward M Sevcik					
Address:	104 Mary Dr	_				
	Oldsmar, Fl. 34677	<del></del>				
	med as registered agent to accept service of proce				ignated in	
- ·	am familiar with and accept the appointment as re		ee to aet in u	us capacuy /		
	Required Signature/Registered Agent			8/24/1	,	
- cng	Required Signature/Registered Agent		_	Date		
	cument and affirm that the facts stated herein ar				nitted in a	
document to the	Department of State constitutes a third degree felor	ny as provided for in s.t	817.155, F.S	, ,		
- {	h [/			2/24/1		
NW!	Required Signature/Incorporator			Date	<u>/</u>	
	reduited of Printate unicor borator					