

P11 60005524F

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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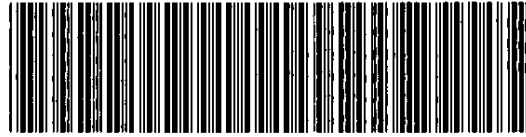
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2011 JUN 13 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 14 2011

COVER LETTER

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

SUBJECT: NEXT MAN'S TREASURE 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: MILTON D OLIPHANT
Name (Printed or typed)

1650 CLYDESDALE DRIVE
Address

LOXAHATCHEE, FL. 33470
City, State & Zip

(561) 371-4358
Daytime Telephone number

miltonoliphant 12@msn.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

NEXT MAN'S TREASURE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1650 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470

Mailing address, if different is:

1650 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this company is to conduct business for profit, which shall include but not be limited to retail sales, wholesale sales, professional and business services, and any and all such business opportunities that are lawful in the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MILTON D. OLIPHANT- PRESIDENT
Address: 1650 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470

Name and Title: PATRICIA A OLIPHANT- SEC./TREAS.
Address: 1650 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470

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:

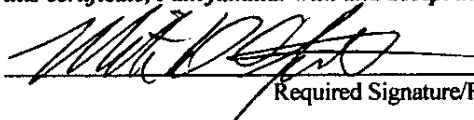
Name: MILTON D. OLIPHANT
Address: 1650 CLYDESDALE DR
LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MILTON D. OLIPHANT
Address: 1650 CLYDESDALE DRIVE
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


Required Signature/Registered Agent

6/8/2011
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

6/8/2011
Date

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