

P11000075535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

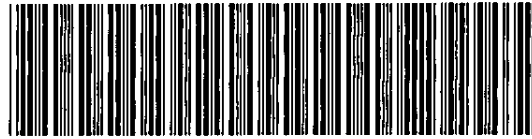
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 AUG 24 PM 2:55

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 24 PM 3:06

FILED

TC 08/24/11

COVER LETTER

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

SUBJECT: CAROL LEE'S COLLECTIBLES, 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: CAROL LEE BILLUPS
Name (Printed or typed)

2335 TOUR EIFFEL DRIVE
Address

TALLAHASSEE, FLORIDA 32308
City, State & Zip

850-877-0457
Daytime Telephone number

clcbill@aol.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)

ARTICLE I NAME

The name of the corporation shall be:

CAROL LEE'S COLLECTIBLES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2335 TOUR EIFFEL DRIVE
TALLAHASSEE, FLORIDA
32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY and ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

TWO

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROL LEE BILLUPS, PRES. Name and Title: _____
Address: 2335 TOUR EIFFEL DRIVE Address: _____
TALLAHASSEE, FLORIDA
32308

Name and Title: WILLIAM G. BILLUPS, V.P. and D. Name and Title: _____
Address: 2335 TOUR EIFFEL DRIVE Address: _____
TALLAHASSEE, FLORIDA
32308

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CAROL LEE BILLUPS
Address: 2335 TOUR EIFFEL DRIVE
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROL LEE BILLUPS
Address: 2335 TOUR EIFFEL DRIVE
TALLAHASSEE, FLORIDA 32308

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

Carol Lee Billups
Required Signature/Registered Agent

08-24-2011
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.

Carol Lee Billups
Required Signature/Incorporator

08-24-2011
Date

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11 AUG 24 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA