## P12000029832

(Requestor's Name)
(Address)
(Address)
(1881)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700223465097

03/02/12--01024---009 \*\*87.50

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Bm 3/28/12 12/2-17/23

## **COVER LETTER**

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

SUBJECT: C & E THRIF STORE I	NC.
(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 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: REV CLAUDE LAFORTU Name	NE, agent (Printed or typed)
9809 NORTH 11 STREE	ddress
	Address .
TAMPA FLORIDA, 336	12·
City,	State & Zip
(229) 515-6041	
Daytime To	elephone number
lafortune_claude@yahoc E-mail address: (to be used	O.COM I for future annual report notification)

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2012

REV CLAUDE LAFORTUNE 9809 NORTH 11 ST TAMPA, FL 33612

SUBJECT: C & E THRIF STORE INC.

Ref. Number: W12000012689

We have received your document for C & E THRIF STORE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please review the name of the corporation for accuracy and correct accordingly.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 712A00008508

(3.)

www.sunbiz.org

Division of Compositions D.O. DOV 6227 Tollahorase Florida 22214



RECEIVED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

March 15, 2012

REV CLAUDE LAFORTUNE 9809 NORTH 11 ST TAMPA, FL 33612

SUBJECT: C & E THRIFT STORE INC.

Ref. Number: W12000015023

We have received your document for C & E THRIFT STORE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 012A00009442

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

ARTICLE I The name of the co	<u>NAME</u> C & E THRIFSTO rporation shall be:	RE INC.				
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:				
_	2104 N. NEBRASKA AVE AMPA, FL 33612	_ _ _	Same			
ARTICLE III	PURPOSE hich the corporation is organized is:	_				
	E MERCHANDISE			e	,	
<b>ARTICLE IV</b> The number of shar	SHARES A ses of stock is:	o villedite		1. 1	, , , , , , , , , , , , , , , , , , , ,	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS	,	1.		
	tle:REV: CLAUDE LAFORTUNE, pr 9809 N 11 STREET TAMPA FL 33612	esident Name a		44		
Name and Ti Address:	tle:EUNIDE LAFORTUNE, vice pro 9809 N 11 STREET TAMPA FL 33612	esident Name a	and Title:_ ss:	MA		
Name and Ti Address:		Name a	-	y n		
ARTICLE VI	REGISTERED AGENT					
	rida street address (P.O. Box NOT accept	table) of the regist	tered agent	is:		A10
Name: Address:	REV:CLAUDE LAFORTUNE 9809 N 11 STREET TAMPA , FL 33612				MAR 2	ECRETA ISION OF
ARTICLE VII	INCORPORATOR				٠	SEL
The <u>name and add</u>	ress of the Incorporator is:	al water			3	200
Name: Address:	12104 N NEBRASKA AVE TAMPA, FL 33612	<u></u>			<del></del> ગ્ર	ATION TATE
	ed as registered agent to accept service of n familiar with and accept the appointmen					nated in
				02	2/29/2012	
	Required Signature/Registered Age	ent	<del></del>	<u>02</u>	Date	
	ment and affirm that the facts stated her epartment of State constitutes a third degre	rein are true. I a			formation submi	tted in a
		,		n	2/29/2012	
	Required Signature/Incorporato	r		<u> </u>	Date	