

712000069678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

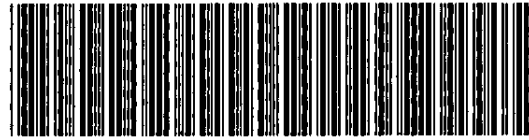
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800235550818

05/29/12--01021--002 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 13 PM 1:25

FILED

80913-213
167 691
8962-213
169



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2012

TINA MCCREA
7020 49TH PL E
PALMETTO, FL 34221

SUBJECT: CONSIGN-IT STORES, INC.
Ref. Number: W12000031609

We have received your document for CONSIGN-IT STORES, INC. and your check(s) totaling \$78.75. 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.

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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 712A00016374



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2012

TINA MCCREA
7020 49TH PL E
PALMETTO, FL 34221

SUBJECT: CONSIGN-IT, INC.
Ref. Number: W12000029638

We have received your document for CONSIGN-IT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 512A00015495

COVER LETTER

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

SUBJECT: Consign-IT, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tina McCrea

Name (Printed or typed)

7020 49th PL E

Address

Palmetto, FL 34221

City, State & Zip

941-799-7673

Daytime Telephone number

consign_it@ymail.com

E-mail address: (to be used for future annual report notification)

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

in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Consign-IT Stores, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7020 49th PL E
Palmetto, FL 34221

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is ~~None~~ 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tina McCrea, President
Address: 7020 49th PL E
Palmetto, FL 34221

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: Tina McCrea
Address: 7020 49th PL E
Palmetto, FL 34221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tina McCrea
Address: 7020 49th PL E
Palmetto, FL 34221

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

05/19/2012

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

05/19/2012

Date

RECEIVED
12 AUG 13 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA