

P/2000/00869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

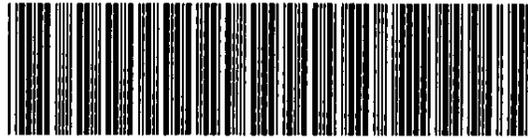
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300242548613

12/10/12--01018--017 \*\*78.75

FILED  
12 DEC 10 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*12/11/12*

**COVER LETTER**

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

SUBJECT: Chappy's ATTIC ANTIQUE & COLLECTIBLES  
(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: RAYMONA GREAVES  
Name (Printed or typed)

137 N SWINTON  
Address

DeLRAY Bch, FL 33444  
City, State & Zip

954-818-9565  
Daytime Telephone number

RAGREAVES55@GMAIL.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:

*Chappy's Attic Antiques & Collectibles Inc*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

137 N Swinton AVE  
DeLray Bch, FL 33444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*RESALE OF ANTIQUES & Collectibles*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michelle Lagreca Pres

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

137 N Swinton AVE  
DeLray Bch, FL 33444

Name and Title: Raymond GREAVES

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

500 / TRES  
137 N Swinton AVE  
DeLray Bch, FL 33444

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: RAYMOND GREAVES

Address: 137 N Swinton AVE

DeLray Bch FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAYMOND GREAVES

Address: 137 N Swinton AVE

DeLray Bch, FL 33444

**FILED**  
12 DEC 10 PM 2: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*Raymond Greaves*

Required Signature/Registered Agent

*12/7/12*

Date

**RAYMOND GREAVES**

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.

*Raymond Greaves*

Required Signature/Incorporator

*12/7/12*

Date

**RAYMOND GREAVES**