

P13000004144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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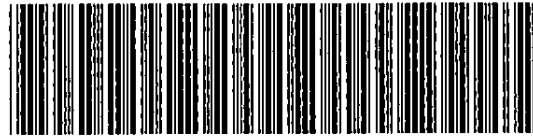
(Business Entity Name)

(Document Number)

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8

CSC

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 492358 4721900

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 10, 2013

ORDER TIME : 5:12 PM

ORDER NO. : 492358-005

CUSTOMER NO: 4721900

DOMESTIC FILING

NAME: THE THRIFT COLLECTION INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: _____

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

ARTICLE I NAME The Thrift Collection Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1515 17th Avenue North
Lake Worth, FL 33460

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Resale store selling vintage items.

ARTICLE IV SHARES

The number of shares of stock is: 200 at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian P. Owens, Jr. - President
Address: 1515 17th Avenue North
Lake Worth, FL 33460

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: Brian P. Owens, Jr. - President
Address: 1515 17th Avenue North
Lake Worth, FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian P. Owens, Jr. - President
Address: Lake Worth, FL 33460

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.

By: _____

Required Signature/Registered Agent

1/10/13
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

1/10/13
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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