

**PR00001677**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA  
Account Number : I20000000168  
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Fax Number : (727) 322-0520

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DAVIDCPA@TEMPORARY.RR.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
Treasurets, Inc

Certificate of Status	0
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Corporate Filing Menu

Help

H130000381943

2/19  
8

Feb. 18. 2013 3:03PM

H130000381943

No. 6397 P. 2

**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: Treasurets, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1010 36th Ave N

same

St Petersburg, FL 33704

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate a retail store and any other legal business in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares of common

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

Name and Title: Sara A Johnson

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

Address: 1010 36th Ave N

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

St Petersburg, FL 33704

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

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

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

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

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Feb. 18. 2013 3:03PM

No. 6397 P. 3

H130000381943

(cont.)

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: David C Hastings CPA  
Address: 2207 54th St S  
Gulfport, FI 33707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David C Hastings CPA  
Address: 2207 54th St S  
Gulfport, FI 33707

*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

02/18/2013

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

02/18/2013

Date

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