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PICK-UP	WAIT MAIL	
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Certified Copies	_ Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only

691-W13000007361



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COVER LETTER

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

SUBJECT:	NS THIFTY S (PROPOSED CORPOR	TNC ATE NAME - MUST INCL	UDE SUFFIX)		
P 1 1					
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	d 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 o Status		
		ADDITIONAL CO	PY REQUIRED	1	
FROM:	ALESIA GARRIS	(Printed or typed)			
	721 South Woo	ODLAND ST. Address			9
<u>u</u>	HINTER GARDEN	7L 34787 State & Zip		13 FEB 27	SECRETAR VISION OF C
401 719 1713 Daytime Telephone number				PH 1: 06	Y OF STORPOR
_A	DEARRISON 63 Q Ya E-mail address: (to be use	hoo CoM	notification)	90	TATE ATIONS

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



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FLORIDA DEPARTMENT OF STATE ALL THE PROPERTY OF STATE ALL THE PROPERTY

February 6, 2013

ALESIA GARRISON 721 SOUTH WOODLAND STREET WINTER GARDEN, FL 34787

SUBJECT: MS THIFTYS INC Ref. Number: W13000007361

We have received your document for MS THIFTYS 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 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 213A00002935

13 FFR 27 PM 1: 06

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

FILED
SECRETARY OF STATE
OIVISION OF CORPORATIONS ARTICLE I NAME The name of the corporation shall be: MS. THIFTYS INC 13 FEB 27 PM 1: 06 ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address 721 South WOOD LAND ST. WINTER GARDEN IL 34787 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO RESALE GENTLY USED ITEMS ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ALES A GARRISON PREZ Name and Title: 721 South WODDLANDST Address: Address WINTERGARDONTS 34787 Name and Title: Name and Title: Address _____ Address: Name and Title:______ Name and Title:_____ Address: Address

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Flo Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of the street acceptable (P.O. Box NOT acceptable) of the	
ARTICLE VII	WINTERGARDEN 7434787 INCORPORATOR dress of the Incorporator is:	FILED RETARY OF STATE IN OF CORPORATION EB 27 PM 1: 06
Name: Address:	ALEGA GARRISON 721 Sooth WOODLAND ST WINTERGARDEN 713478	r r
	ed as registered agent to accept service of process f in familiar with and accept the appointment as regis	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
Hered	Larus	/ <i>-3</i> 0-/3
	Required Signature/Registered Agent ment and affirm that the facts stated herein are tr epartment of State constitutes a third degree felony	Date rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. [-30-/3]
, work	Required Signature/Incorporator	Date