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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

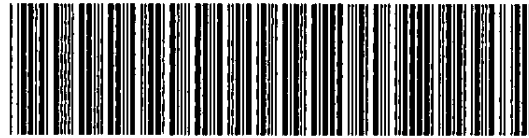
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF STATE  
CORPORATIONS

8/21

96

## COVER LETTER

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

**SUBJECT: TIMELESS TEAS & TREASURES, 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: EILEEN E. HADAWAY**

Name (Printed or typed)

**15422 HERON HIDEAWAY CIRCLE**

Address

**WINTER GARDEN, FL 34787**

City, State & Zip

**407-656-1004**

Daytime Telephone number

**SCRIPTURETEA@AOL.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:

**TIMELESS TEAS & TREASURES, INC.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

**15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787**

Mailing address, if different is:

**PO BOX 783486  
WINTER GARDEN, FL 34778**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**50,000**

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

Name and Title: **EILEEN E. HADAWAY, PRESIDENT**

Address: **15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787**

Name and Title: **WILLIAM HADAWAY, TREASURER**

Address: **15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787**

Name and Title: **EILEEN E. HADAWAY, DIRECTOR**

Address: **15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787**

Name and Title: **EILEEN E. HADAWAY, SECRETARY**

Address: **15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787**

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

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

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

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

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

(conti.)

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: EILEEN E. HADAWAY  
Address: 15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: EILEEN E. HADAWAY  
Address: 15422 HERON HIDEAWAY CIRCLE  
WINTER GARDEN, FL 34787

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*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*

Eileen E. Hadaway  
Required Signature/Registered Agent

8/12/2013

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.*

Eileen E. Hadaway  
Required Signature/Incorporator

8/12/2013

Date