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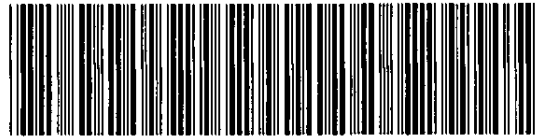
(Business Entity Name)

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**DATE: 11/02/15**

**NAME: HAPPY TYMES COLLECTIBLES INC**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Abbie Hodge*

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## COVER LETTER

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

**SUBJECT:** Happy Tymes Collectibles, 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:**

BELINDA SCHORY  
PENNCORP SERVICEGROUP, INC.  
600 NORTH SECOND ST.  
PO BOX 1210  
HARRISBURG, PA 17102-1210

Address

City, State & Zip

717-234-2300

Daytime Telephone number

penncorp@penncorp.net

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: Happy Tymes Collectibles, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7206 Earlwood Avenue  
Mt. Dora, FL 32754

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful business including but not limited to collectible sales.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares @ \$1.00 par value

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

Name and Title: Beverly White, President

Address 7206 Earlwood Avenue  
Mt Dora, FL 32754

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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DIVISION OF CORPORATIONS  
15 NOV -2 PM 12:09

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: Beverly White  
Address: 7206 Barkwood Ave  
Mt Dora FL 32754

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Belinda Schory  
Address: 600 N. 2nd St., Ste. 401  
Harrisburg PA 17101

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Beverly White  
Required Signature/Registered Agent

10/31/15  
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.

Belinda Schory  
Required Signature/Incorporator

10-28-15  
Date

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DIVISION OF CORPORATION  
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