

PI6000016282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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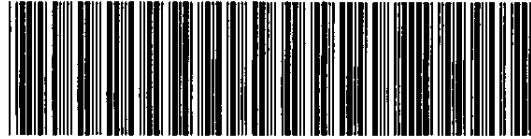
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FEB 22 2016

D CUSHING



Tiki's Treasures

2727 16th Street North
St. Petersburg, FL
33704



COVER LETTER

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

SUBJECT:

Tiki's 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: LINDA MADDUX

Name (Printed or typed)

1924 3RD St. So.

Address

St. Petersburg, FL 33705

City, State & Zip

727-563-6196 OR 727-557-7988

Daytime Telephone number

crittercottage@hotmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
SECRETARY OF STATE

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: Tiki's Treasures Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2727 - 16 St No.
St. Petersburg, Fl. 33704

Mailing address, if different is:

1924 3RD St. So.
St. Petersburg, Fl. 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Sales of used furniture and Accesories
etc. All legal Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LINDA MADDUX, owner Name and Title: President

Address 1924 3RD St. So. Address: _____

St Petersburg Fl
33705

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
ST. PETERSBURG, FLORIDA

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: LINDA MADDUX

Address: 1924 3 St. So
St. Petersburg, FL 33705

ARTICLE VII INCORPORATOR

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

Name: LINDA MADDUX

Address: 1924 3RD St. So.
St. Petersburg FL 33705

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2-08-2016 (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

Linda Maddux

Required Signature/Registered Agent

2-08-2016

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.

Linda Maddux

Required Signature/Incorporator

2-08-2016

Date