From:

## P16000022766

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone: (800)221-297

Phone : (800)221-2972 Fax Number : (888)692-9256

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

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION

Palm Beach Treasures, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

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	ARTICLES OF In compliance with Chapter 60	INCORPORATION 07 and/or Chapter 621, F.S. (	PERMIT AMIL: 05 PERMIT DE STATE TALLAHASSEE FLORIDA
ARTICLE I NAME The name of the corpora	tion shall be: Palm Beach Treasures, I	ne.	TALLAHASSEE FLORIDA
	CIPAL OFFICE Principal street address		ing address, if different is:
1560 Linda Lou Dr.			
West Palm Beach, FL 3			
• •	he corporation is organized is:		
To conduct all activities	s set forth and permitted under and Fl	orida corporation law	
<del>-</del> .			·····
	· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV SHARI	ES 100 with \$1.00 par value		
The number of shares of	stock is:		
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title	Sidney Talavera, Director	Name and Title:	
Address	1560 Linda Lou Dr.	Address:	
	West Palm Beach, FL 33415		***************************************
		<del></del>	······································
Name and Tisker		Name and Title.	
Address		Address:	
	<del></del>		
			<u>,, , , , , , , , , , , , , , , , , , ,</u>
Name and Title:		Name and Title:	
Address		Address:	
		<del></del>	

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Name ar	nd Title	Name and Title,	
Addres	s	Address:	
	the formation with the first section of the first s	en e	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	REGISTERED AGENT Iorida street address (P.O. Box NOT acc	entable) of the registered sound is:	
Name:	Sidney Talavera	spiante) of the registered agent is.	
Address:	1560 Linda Lou Dr.		
	West Palm Beach, FL 33415	<b>5</b>	کا خوبر د
ARTICLE VII	<u>INCORPORATOR</u>	R I	E .
The name and as	ddress of the Incorporator is.	He Z	Ŋ.
Name:	Sidney Talavera	ANII: OF STATE FLORI	** *
Address:	1560 Linda Lou Dr.	ORDER OS	!
	West Palm Beach, FL 33415	<b>***</b>	
Effective date, if		. (OPTIONAL)  nd cannot be more than five business days prior or 90 business	
Note: If the date the document's ef	inserted in this block does not meet the a ffective date on the Department of State's	oplicable statutory filing requirements, this date will not be listed as records.	
Having been nam this certificate, 1 (	ned as registered agent to accept service of the familiar with and accept the appointm	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity	
v		03/10/16	
<u> </u>	Required Signature/Registered A	gent Date	
I submit this doci document to the L	ument and uffirm that the facts stated h Department of State constitutes a third dep	rein ure true. I am aware that the false information submitted in a tree felony as provided for in s.817.155, F.S.	
x 38	April 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	03/10/16	
Requi	ed Signature Incorporator	Date	