

P230000033974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

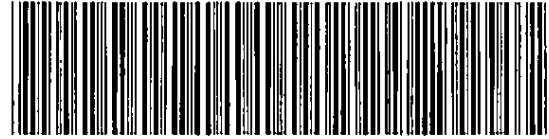
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/02/23--01001--002 **87.50

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2023 MAY -1 PM 3:53
SECURITY OFFICE

May 1st 2023

Name Release Affidavit

I, Michele Sisario, own the company Tradition's Antique's and Gifts, Inc. I have no intention of filing the reinstatement, therefore releasing the name for use.

Thank you

Sig Michele Sisario

Printed Michele Sisario

COVER LETTER

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

SUBJECT: TRADITIONS ANTIQUES + GIFTS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michele Sisario
Name (Printed or typed)

212 N. MAIN ST
Address

HAVANA, FLA 32333
City, State & Zip

850-264-4477 cell
Daytime Telephone number

MICHELESISARIO@yahoo.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: Traditions Antiques & Gifts INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

212 N. MAIN ST
HAUKANA, FLA 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

2023 MAY 11 PM 3:53
SECRETARY OF STATE
FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michele Sisario, Pres. Name and Title: _____

Address: _____ Address: _____

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 REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michele Sisario
Address: 212 N MAIN ST
HAVANA, FLA 32333

ARTICLE VII INCORPORATOR

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

Name: Michele Sisario
Address: 212 N MAIN ST
HAVANA, FLA 32333

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Michele Sisario
Required Signature/Registered Agent

May 1, 2023
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.

Michele Sisario

May 1 2023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA