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TALLA V. H., HOMA

Department of State Division of Corporatio P. O. Box 6327 Tallahassee, FL 32314		TALLA: Volta,	ть Оны А	
SUBJECT: Y	IKYS HOUSE (Proposed co	OF -TREASUS	e suffix)	_
		1	800002179 -05/15/97- ****122.56	93882 -01004028 ) ****122.50
Enclosed is an original	and one(1) copy of the articles	of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: _	ANTONIOS DOG Name (Pr	ANIS inted or typed)	<u></u>	
	6358 CONNIEWS	ood sp.		
. <b>Y</b>	NEW PORT RICI	HEY FL 346 State & Zip	<u>53</u>	97
NO.		344 0862, elephone number		RECEN

Will John

RECEIVED

NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

# ARTICLE I

The name of the corporation shall be

House of Treasures, INC.

# PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

GR58 CONNIGWOOD. SQ.

NEW PORT. RICHEV.FL 34653

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

HNTONIOS DOGANIS

6358 CONNIEWOOD ST.

NEW PORT RICHEY 34653.

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ANTONIOS DOGANIS

6358 CONNIGWOOD SQ

NEWPORT RICHEY 34653.

Signature/Incorporator

S -15. 97
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Autonia Dogasics.
Signature/Registered Agent

5- 15- 97.