## P990009503

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

SUBJECT:	_0	DIES			OIFS of			-555	<u> </u>	- , .
			·		·	90(	0002 <sup>-</sup> -02/01/ *****	'99 0:		
Enclosed is an	origina	l and one(1)	) copy of the art	ticles of	incorporation and	i a che	ck for :			
	□ \$70.00 □ \$78.75 Filing Fee & Certificate of Status			Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED		c, Copy cate of				
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CEIVED 3-1 AM 9: 25	ASSEE, FLORIDA	3/1 -7A	UNHASS	Addr	Fc 3:	23,		SECHÉ INRY TALLAHASSEI	99 FEB - I	

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

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## **ÂRTICLES OF INCORPORATION**

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

The name of the corporation shall be: OLDIES BUTGOODIES OF TAILAHAS SEE
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:
7533 W. TGNNESSEE TALAHASSEE FZ 32304
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  BINNEH JUNKIN PRES + SECY  3 (18 MIDDLE BACOK CIACLE  ARTICLE V INCORPORATOR TAILAHASSE & 32312  The name and address of the incorporator to these Articles of Incorporation are:
DAU ID BUCKLAND UICE PRES + TREASURER  3213 STORMINGTONDA  SECURE B  2/1/99  Date  SECURE B  Date  SECURE B  PERSON  Date  Dat
(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  Signature Registered Agent  Date