

P99000089715

TRANSMITTAL LETTER

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

6000003008566-00  
-10/07/99-01059-018  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: LORRAINES TREASURE CHEST CORPORATION  
(Proposed corporate name - must include suffix)

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 COPY REQUIRED

FROM: LORRAINE BOWE  
Name (Printed or typed)

309 5TH AVE S  
Address

LAKE WORTH, FLORIDA 33466  
City, State & Zip

561-588-9946  
Daytime Telephone number

99 OCT -7 AM 8:50  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

10/12/99  
2

## ARTICLES 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.

### ARTICLE I NAME

The name of the corporation shall be:

LORRAINE'S TREASURE CHEST CORPORATION

### ARTICLE II PRINCIPAL OFFICE

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

309 5TH AVE S  
LAKE WORTH, FLORIDA 33460

### ARTICLE III SHARES

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

20

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

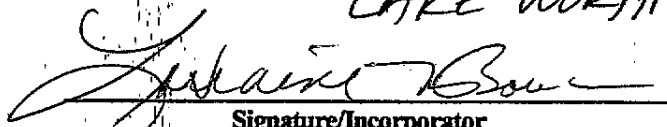
The name and Florida street address of the initial registered agent are:

LORRAINE BOWE  
309 5TH AVE S  
LAKE WORTH, FLORIDA 33460

### ARTICLE V INCORPORATOR

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

LORRAINE BOWE  
309 5TH AVE S  
LAKE WORTH, FLORIDA 33460



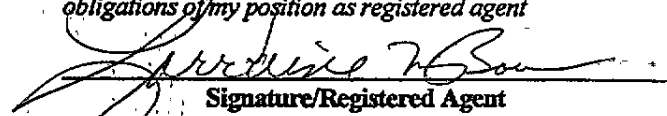
Signature/Incorporator

10/1/99

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



Signature/Registered Agent

10/1/99

Date

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99 OCT -7 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA