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(Requestor's Name)

(Address)

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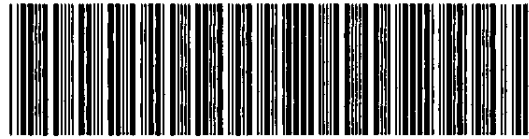
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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08/06/13--01023--001 \*\*78.75

Special Instructions to Filing Officer:  
*Monica Hoyt* **DATE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT** *Article I*  
**DATE** *8/12/13*  
**DOC. EXAM** *MRS*

Office Use Only

*MRS*  
*8/12/13*

**FILED**  
**13 AUG -6 AM 9:29**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Delightful Curves Boutique Corp.  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Monica Hoyt  
Name (Printed or typed)

3321 NW 17 Street  
Address

Fort Lauderdale FL, 33311  
City, State & Zip

(754) 366-5543  
Daytime Telephone number

DelightfulCurvesBoutique@gmail.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: Delightful Curves Boutique Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

3321 nw 17 street  
fort lauderdale, fl  
33311

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transacting any lawful business

**ARTICLE IV SHARES 100**

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CEO/Monica Hoyt Name and Title: \_\_\_\_\_  
Address 3321 NW 17 Street Address: \_\_\_\_\_  
Fort Lauderdale, FL  
33311

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: _____	Name and Title: <u>FILED</u>
Address _____	Address: <u>13 AUG -6 AM 9:29</u>
_____	<u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>

**ARTICLE VI REGISTERED AGENT**

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

Name: Monica Hoyt  
 Address: 3321 NW 17 Street  
Fort Lauderdale fl,33311

**ARTICLE VII INCORPORATOR**

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

Name: Monica Hoyt  
 Address: 3321 NW 17 Street  
Fort Lauderdale fl,33311

*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*

Monica Hoyt 07/28/2013  
 Required Signature/Registered Agent 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.*

Monica Hoyt 07/28/2013  
 Required Signature/Incorporator Date