

PI 5000099089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

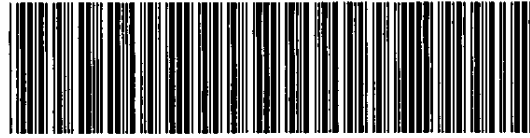
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800278878298

11/23/15--01030--011 **78.75

15 DEC 14 PM 12:11
RECEIVED
STATE OF MARYLAND
DEPARTMENT OF REVENUE

W/15-78481

umd 12/15

COVER LETTER

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

I w o r d

SUBJECT: Mila Bella Boutique, 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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jacqueline Garcia

Name (Printed or typed)

7305 SW 40th Street Unit B

Address

Miami, FL 33155

City, State & Zip

305-283-6254

Daytime Telephone number

imperialairjg@gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2015

JACQUELINE GARCIA
7305 S.W. 40TH STREET
UNIT B
MIAMI, FL 33155

SUBJECT: MILA BELLA BOUTIQUE, INC.
Ref. Number: W15000078481

We have received your document for MILA BELLA BOUTIQUE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 315A00025435

COVER LETTER

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

RECEIVED
15 DEC 14 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Mila Bella Boutique, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Jacqueline Garcia
Name (Printed or typed)
7305 SW 40th Street Unit B
Address
Miami, FL 33155
City, State & Zip
305-283-6254
Daytime Telephone number
imperialairjg@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: Mila Bella Boutique, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7305 SW 40th Street Unit B
Miami, FL 33155

15 DEC 16 PM 12:11

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Garcia President Name and Title: _____

Address 321 SW 51 Place miami FI, 33134 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: Jacqueline Garcia
 Address: 321 SW 51 Place Miami, FL 33134

15 DEC 14 PM 12:11

ARTICLE VII INCORPORATOR

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

Name: Jacqueline Garcia
 Address: 321 SW 51 Place Miami, FL 33134

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 business days prior or 90 business 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

 Required Signature/Registered Agent 12/11/15
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.

 Required Signature/Incorporator 12/11/15
Date