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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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DEPARTMENT OF STATE
18 MAR -2 PM 3:35

FILED
2018 MAR -2 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Patricia's Unique 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

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

FROM: Patricia Gavin
Name (Printed or typed)

2510 Blarney Dr
Address

Tallahassee, Florida 32309
City, State & Zip

850-284-6018
Daytime Telephone number

pgav58@gmail.com
E-mail address: (to be used for future annual report notification)

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

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 TALLAHASSEE, FLORIDA

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: Patricia's Unique Boutique Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1533-1 South Monroe St
Tallahassee, Florida

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 32301
Any and all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Gavin President Name and Title: _____

Address: 1533-1 South Monroe St Address: _____
Tallahassee
Florida 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Patricia Gavin
Address: 1533-1 South Monroe St
Tallahassee, Florida
32301

ARTICLE VII INCORPORATOR

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

Name: Patricia Gavin
Address: 1533-1 South Monroe St
Tallahassee, Florida
32301

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

Patricia Gavin _____ 3/2/18
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.

Patricia Gavin _____ 3/2/18
Required Signature/Incorporator Date