

FO# 000004072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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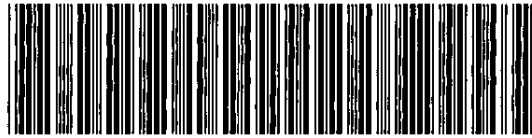
(Business Entity Name)

(Document Number)

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

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SECRETARY OF  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Côte de Chic Event Management, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeffrey Svoboda

(Name of Person)

Alan R. Miller, P.C.

(Firm/Company)

370 East Maple Road, 4th Floor

(Address)

Birmingham, MI 48009

(City/State and Zip code)

For further information concerning this matter, please call:

Jeffrey Svoboda

(Name of Person)

at ( 248 ) 644-8910

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

**1. Côte de Chic Event Management, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Michigan**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. March 15, 2001**

(Date of incorporation)

**5.**

**Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 370 East Maple Road, 4th Floor, Birmingham, Michigan, 48009**

(Principal office address)

**1835 Stallion Drive, Loxahatchee, Florida 33470**

(Current mailing address)

**8. Event Planning**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

**9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Anthony C. Boule**

Office Address: **1835 Stallion Drive**

**Loxahatchee**

(City)

, Florida

**33470**

(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Chantelle Tremain Boullé

Address: 1835 Stallion Drive, Loxahatchee, Florida 33470

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Alan R. Miller

Address: 370 East Maple Road, 4th Floor, Birmingham, Michigan 48009

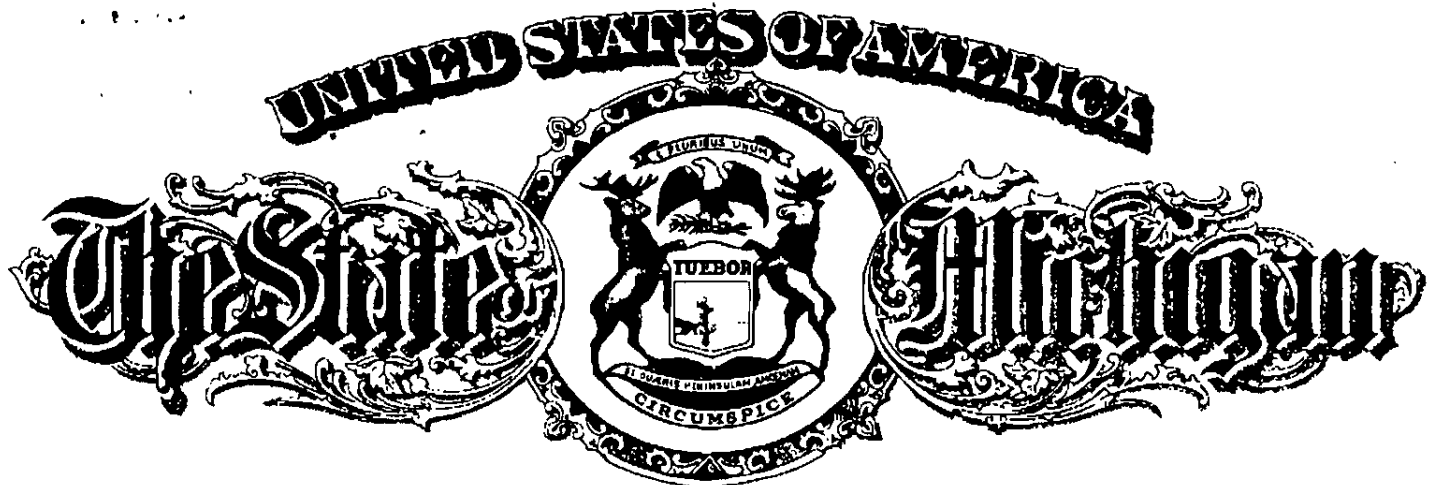
Treasurer: Chantelle Tremain Boullé

Address: 1835 Stallion Drive, Loxahatchee Florida 33470

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Chantelle Tremain Boullé, CEO  
(Signature of Director or Officer listed in number 12 of the application)

14. Chantelle Tremain Boullé, CEO  
(Typed or printed name and capacity of person signing application)



Michigan Department of Labor & Economic Growth

Lansing, Michigan

This is to Certify That

**COTE DE CHIC EVENT MANAGEMENT, INC.**

a Michigan profit corporation was validly incorporated on March 15, 2001, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of August, 2008.

 , Director

Bureau of Commercial Services