

F15000004037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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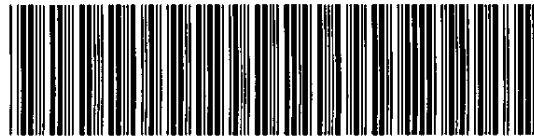
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF REVENUE
DIVISION OF REVENUE
15 SEP -9 AM 8:39
TO ACCOUNTS
SUFFICIENCY OF FILING
15 SEP -9 AM 9:08
STATE OF FLORIDA
TALLAHASSEE

SEP 14 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2015

NATIONAL CORPORATE RESEARCH

SUBJECT: COUTURE BY SOPHIE INC
Ref. Number: W15000059684

We have received your document for COUTURE BY SOPHIE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00019063

Date: 09/11/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: B069255

** Please retain original
file date **

ENTITY NAME: COUTURE BY SOPHIE, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

Attn: Justin Shivers

*This goes with Rejection #
W15000058574*

Thanks!

Authorized Amount: _____

Signature: Michelle Walker

RECEIVED
15 SEP 11 14:10:11
SUFFICIENT FOR FILING

**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.*

Couture by Sophie Inc.

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

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

2. New York 3. 45-3721077
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 22, 2011 5. _____
(Date of incorporation) (Date of duration, if other than 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. 700 NE 16th Terrace, Fort Lauderdale, Florida 33304
(Principal office address)

(Current mailing address, if different)

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

Name: National Corporate Research, Ltd., Inc.

Office Address: 115 N. Calhoun, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

9. 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.


Sheryl A. Gable (Registered agent's signature)

10. 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.

15 SEP -9 AM 9:11
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Jody Miller-Young

Address: 700 NE 16th Terrace

Fort Lauderdale, Florida 33304

Director: _____

Address: _____

B. OFFICERS

President: Jody Miller-Young

Address: 700 NE 16th Terrace

Fort Lauderdale, Florida 33304

Vice President: N/A

Address: _____

Secretary: Jody Miller-Young

Address: 700 NE 16th Terrace, Fort Lauderdale, Florida 33304

Treasurer: Jody Miller-Young

Address: 700 NE 16th Terrace, Fort Lauderdale, Florida 33304

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. President and Director

(Typed or printed name and capacity of person signing application)

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of COUTURE BY SOPHIE INC. was filed on 12/22/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of September
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State