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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

*R* 01/27/14

## COVER LETTER

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

SUBJECT: **BOUJEE' BOUTIK**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: **Kimberly Daniels**

Name (Printed or typed)

**121 Schooner Key Place**

Address

**Jacksonville, FL 32218**

City, State & Zip

**904-237-9363**

Daytime Telephone number

**Twinfaith10@aol.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: BOUJEE' BOUTIK, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

121 SCHOONER KEY PLACE

JACKSONVILLE, FL 32218

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE AN OUTREACH MINISTRY AND SERVICE  
TO THE COMMUNITY THROUGH CONSIGNMENT ARTICLES WITH THE  
ULTIMATE GOAL BEING A FUNDRAISING PROJECT FOR THE MINISTRIES  
UNDER AND CONNECTED TO SPOKEN WORD MINISTRIES, INC.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

THE DIRECTORS WILL BE APPOINTED

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

Name and Title: Kimberly Daniels, President

Address: 121 Schooner Key Place  
Jacksonville, FL 32218

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

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

Name and Title: Kim Flowers, Director

Address: 9197 Camshire Drive  
Jacksonville, FL 32244

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

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

Name and Title: Robbin Quarterman, Director

Address: 244 North Frederick Avenue  
Daytona Beach, FL 32114

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

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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 JAN 17 PM 4:43

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: KIMBERLY DANIELS  
Address: 121 SCHOONER KEY PLACE  
JACKSONVILLE, FL 32218

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KIMBERLY DANIELS  
Address: 121 SCHOONER KEY PLACE  
JACKSONVILLE, FL 32218

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

Kimberly Daniels  
Required Signature of Registered Agent

1/9/14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Kimberly Daniels  
Required Signature of Incorporator

1/9/14  
Date