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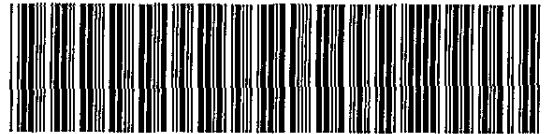
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Certificates of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -7 PM 3:23

RECEIVED
03 JUL -7 PM 3:19
DIVISION OF CORPORATION

7-7-03

TRANSMITTAL LETTER

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

SUBJECT: Best Beginnings Boutique, Inc.
(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

<input type="checkbox"/> ^{78.75} \$122.50 Filing Fee & Certified Copy	<input type="checkbox"/> ^{87.50} \$131.25 Filing Fee, Certified Copy & Certificate
Additional Copy Required	

FROM: Molly Shakar
Name (printed or typed)

2904 Shamrock Street North
Address

Tallahassee, FL 32308
City, State & Zip

850-668-2119
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED
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DIVISION OF CORPORATIONS
03 JUL -7 PM 3:23

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Best Beginnings Boutique, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1415 Timberlane Road #312
Tallahassee, FL 32312

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 One Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Amy McGuire
2917 Livingston Road
Tallahassee, FL 32303

FILING FEE: \$70.00

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Best Beginnings Boutique, Inc.

2. The name and address of the registered agent and office is:

Amy McGuire
(NAME)

2917 Livingston Road
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tallahassee, FL 32303
(CITY/STATE/ZIP)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -7 PM 3:24

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


(SIGNATURE)

4-7-03
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Molly Shakar
2904 Shamrock Street North
Tallahassee, FL 32308

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of _____, 19____.

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>Best Beginnings Boutique, Inc.</u>					
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name			
	4a Mailing address (street address) (room, apt., or suite no.) <u>1415 Timberlane Road #312</u>		5a Business address, if different from address in lines 4a and 4b			
	4b City, state, and ZIP code <u>Tallahassee, FL 32312</u>		5b City, state, and ZIP code			
	6 County and state where principal business is located <u>Leon, FL</u>					
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <u>262-31-0939</u> <u>Molly Shakar</u>					
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input checked="" type="checkbox"/> Other corporation (specify) <u>S corp</u> <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶		State <u>Florida</u>		Foreign country		
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____				<input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____		
10 Date business started or acquired (Mo., day, year) (See instructions.) <u>5-1-03</u>				11 Enter closing month of accounting year. (See instructions.) <u>Dec.</u>		
12 First date wages or annuities were paid or will be paid (Mo., day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)</i> ▶ <u>5-1-03</u>						
13 Enter highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i> ▶ <u>2</u>				Nonagricultural <u>2</u> Agricultural <u>—</u> Household <u>—</u>		
14 Principal activity (See instructions.) ▶ <u>Breast Feeding Supplies and Clothing</u>						
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶ _____						
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> N/A						
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 17b and 17c.</i>						
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ _____ Trade name ▶ _____						
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN _____ _____ _____						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) Name and title (Please type or print clearly.) ▶ <u>Molly Shakar, President</u> <u>850-668-2119</u>						
Signature ▶ <u>Molly Shakar</u> Date ▶ <u>7-10-03</u>						
Note: Do not write below this line. For official use only.						
Please leave blank ▶		Geo.	Ind.	Class	Size	Reason for applying