

PO7000087832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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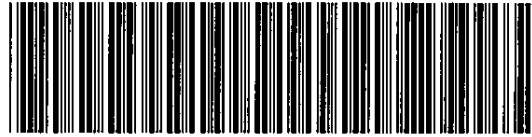
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: cioccababy 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: MARIA VICTORIA CIOCCA

Name (Printed or typed)

1865 BRICKELL AVE #A1406

Address

MIAMI FL 33129

City, State & Zip

305-219-2087

Daytime Telephone number

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

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:

cioccababy boutique, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1865 BRICKELL AVE #A1406 MIAMI FL 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide modern moms with trendy yet practical baby accessories.

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Maria Victoria Ciocca, President/Owner
1865 Brickell Ave. #A1406 Miami FI 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maria Victoria Ciocca
1865 Brickell Ave. #A1406 Miami FI 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Victoria Ciocca
1865 Brickell Ave. #A1406 Miami FI 33129


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



Signature/Registered Agent

7/31/07

Date



Signature/Incorporator

7/31/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA