

P09000018672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

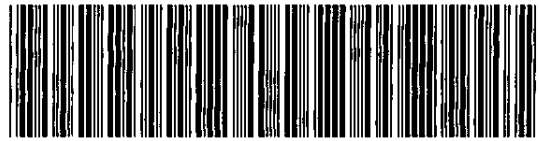
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
2009 FEB 26 PM 2:19

gf 2/27/09

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2009 FEB 26 PM 2:19

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

**SUBJECT:** Stylez Boutique, Corp.

**(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Giovanna Lopez

Name (Printed or typed)

7891 W. Flagler Street #359

Address

Miami, FL 33144

City, State & Zip

954-200-3193

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)

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SECRETARY OF STATE  
DIVISION OF CORPORATION

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### **ARTICLE I NAME**

The name of the corporation shall be:

Stylez Boutique, Corp.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

7891 W. Flagler Street #359  
Miami, FL 33144

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is for the selling of merchandise such as clothing, purses, shoes, and etc..

### **ARTICLE IV SHARES**

The number of shares of stock is:

The number of shares of stock is 100.

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

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

Giovanna Lopez - Owner & President  
7891 W. Flagler Street #359  
Miami, FL 33144

### **ARTICLE VI REGISTERED AGENT**

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

Giovanna Lopez  
7891 W. Flagler Street #359  
Miami, FL 33144

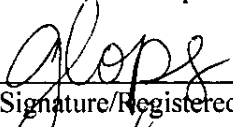
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Giovanna Lopez  
7891 W. Flagler Street #359  
Miami, FL 33144

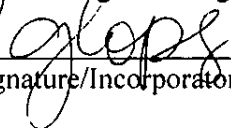
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

02/20/09

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

02/20/09

\_\_\_\_\_  
Date