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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-13-10
WC

COVER LETTER

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

SUBJECT: The White Closet, Bridal Company Corporation

(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: Cindy Rivera

Name (Printed or typed)

8415 N Albany Avenue Unit B

Address

Tampa, FL 33604

City, State & Zip

813.892.4826

Daytime Telephone number

riverawedding09@gmail.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

The White Closet, Bridal Company

ARTICLE II PRINCIPAL OFFICE

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

8415 N Albany Avenue Unit B, Tampa, Fl 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to sell bridal gowns and bridal accessories

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PD- Cindy Rivera
8415 N. Albany Ave., Unit B
Tampa, Fl. 33604

ARTICLE VI REGISTERED AGENT

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

Cindy Rivera

8415 N Albany Avenue Unit B

Tampa, Fl 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cindy Rivera

8415 N Albany Avenue Unit B

Tampa, Fl 33604

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

Signature/Incorporator

Date

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA