

PI1000022543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

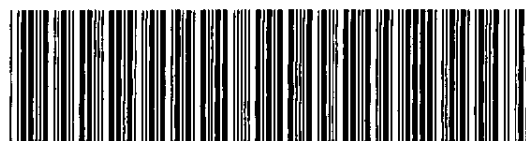
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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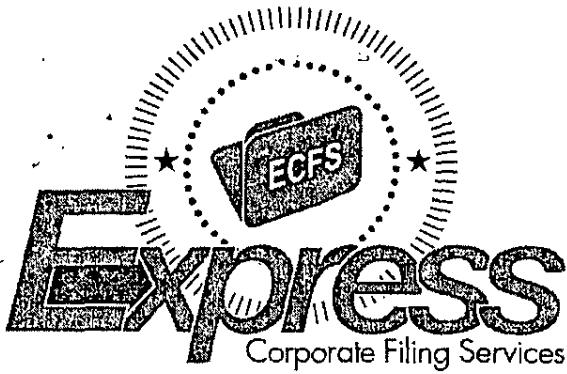
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03/08/11--01002--015 \*\*157.50

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 MAR -8 AM 10:00  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2011 MAR -8 AM 8:16  
DEPT. OF STATE  
DIVISION OF CORPORATIONS

ps 3/9/11



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. My Secret Closet Boutique Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in     ☒ Pick up time     ☒ Certified Copy  
☐ Mail out     ☐ Will wait     ☐ Photocopy     ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# 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:

MY SECRET CLOSET BOUTIQUE INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9880 SW 55 Street  
Miami FI 33165

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUDITH VIERA (P/D) 50%  
HEYDE SOTOLONGO (V/D) 50%  
9880 SW 55 Street  
Miami FI 33165

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JUDITH VIERA  
9880 SW 55 Street  
Miami FI 33165

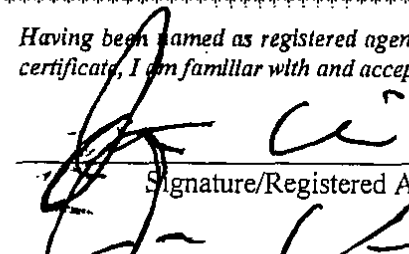
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HEYDE SOTOLONGO  
JUDITH VIERA  
9880 SW 55 Street  
Miami FI 33165

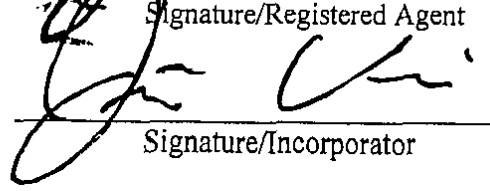
\*\*\*\*\*

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

03-07-2011

\_\_\_\_\_  
Date

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

03-07-2011

\_\_\_\_\_  
Date

FILED

11 MAR -8 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA