

P11000027728

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11 MAR 17 AM 8:18

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 8, 2011

BORIS ALEGRIA  
1652 NW 143 TER  
PEMBROKE PINES, FL 33028

SUBJECT: CHARMING-GIFT  
Ref. Number: W11000013237

We have received your document for CHARMING-GIFT and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00005686

## COVER LETTER

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

SUBJECT: CHARMING-GIFT

(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: BORIS ALEGRIA

Name (Printed or typed)

1652 NW 143 TER

Address

PEMBROKE PINES, FL 33028

City, State & Zip

954-825-6193

Daytime Telephone number

baleg111@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**

CHARMING-GIFT CORP.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1652 NW 143 TER  
PEMBROKE PINES, FL 33028

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL SALE

**ARTICLE IV SHARES**

The number of shares of stock is: 50

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

Name and Title: BORIS ALEGRIA  
Address: 1652 NW 143 TER  
PEMBROKE PINES, FL 33028

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: BORIS ALEGRIA  
Address: 1652 NW 143 TER  
PEMBROKE PINES, FL 33028

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BORIS ALEGRIA  
Address: 1652 NW 143 TER  
PEMBROKE PINES, FL 33028

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]  
Required Signature Registered Agent

3/11/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature Incorporator

3/11/2011  
Date

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TALLAHASSEE, FLORIDA