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## **COVER LETTER**

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

SUBJECT: LaShe' Boutique Inc		
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an original and one (1) copy of the artic	les of incorporation and a	check for:
\$70.00 \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
;	ADDITIONAL COP	Y REQUIRED
FROM: Sheila Camille		
Name	(Printed or typed)	20 AL
8057 Tangelo Dr		2012 JAN 17 SEURETARY E
A	ddress	Sylvian
Boynton Beach, Florida	33436	
City, S	state & Zip	\$ 5 C
561-859-7813		25 ************************************
Daytime Te	lephone number	
lasheboutique@yahoo.co E-mail address: (to be used	m	
E-mail address: (to be used	tor tuture annual report no	tification)

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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
	8057 Tangelo Dr Boynton Beach, Fl 33436		
	Doynton Beach, Fl 33436	·	
ARTICLE III	PUPPOSE		
	which the corporation is organized is:		
To sale you	ing contemporary adult clothing suc	h as shirts, blouses, par	nts, skirts, and dresses
ARTICLE IV	SHARES		
	hares of stock is: 1		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS	
	Title:Sheila Camille, Owner, CEO		
Address:	8057 Tangelo Dr	Address:	
	Boynton Beach, FL 33436		
<b>.</b>	TOTAL S		
Name and Address:	Title:	Name and Title:	
Addiess.			
Name and	Title:	Name and Title:	
. Address:		Address:	
•			. 40 19
	REGISTERED AGENT	N C.1 1	2012 JAN SECRETE ALLAHAS
ne <u>name and r</u> Name:	lorida street address (P.O. Box NOT acceptabl Sheila Camille		
Address:	.8057 Tangelo Dr		SS
	Boynton Beach, FL 33436		M-< 7
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Sheila Camille		
Address:	8057 Tangelo Dr		7. 25
	Boynton Beach, FL 33436	<u></u>	
aving been na	med as registered agent to accept service of pro	ocess for the above stated corpo	oration at the place designate
his certificate, I	am familiar with and accept the appointment as	registered agent and agree to a	ct in this capacity
		and the second section of the second section of the second section sec	1/12/17
	(2) 10: 10		1/10/15
Freila	Required Signature/Registered Agent		1 Date
submit this doc	cument and affirm that the facts stated herein	are true. I am aware that the	false information submitted i
locyment to the i	Department of <b>Sta</b> te constitutes a third degree f	elony as provided for in s.817.15	75, F.S.
	_		1 1
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