

P12000028779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900225144359

03/22/12--01015--001 **70.00

Special Instructions to Filing Officer:

Nesha Porter
AUTHORIZATION BY PHONE TO *ONE*
CORRECT *Articles I + IV*
DATE *3/26/12*
DOC. EXAM *MRS*

Office Use Only

MRS
3/26/12

COVER LETTER

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

SUBJECT: Stay Fresh Fashion Boutique, INC.
(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: Kesha Porter
Name (Printed or typed)

651 N.W 18th Court
Address

Pompano Beach, FL 33060
City, State & Zip

954-372-6518
Daytime Telephone number

kesha0474@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

Stay Fresh Fashion Boutique Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2600 Hammonville Rd.
Suite 10
Pompano Beach, FL 33060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kesha Porter (P/D)
Address: 651 NW 18th Court
Pompano Beach, FL 33060

Name and Title: _____
Address: _____

Name and Title: Xavier Favors (D)
Address: 425 NW 19th Street
Pompano Beach, FL 33060

Name and Title: _____
Address: _____

Name and Title: Susie Johnson (D)
Address: 5045 Wiles Rd. Build 10 Unit 105
Coconut Creek, FL 33073

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

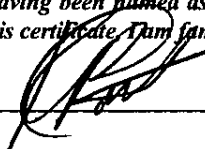
Name: Kesha Porter
Address: 651 NW 18th Court
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kesha Porter
Address: 651 NW 18th Court
Pompano Beach, FL

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

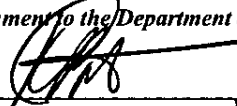


Required Signature/Registered Agent

2/7/12

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.



Required Signature/Incorporator

2/7/12

Date

FILED
12 MAR 22 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA