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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
| 12.1 | | | |
| (Business Entity Name) | | | |
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| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
| Oertified copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE
SECRETARY OF

LARRY M. STEWART, P.A., Attorney at Law

73 S.W. Flagler Avenue, Stuart, FL 34994 Post Office Box 809, Stuart, FL 34995 Office (772) 283-8191 Facsimile (772) 283-4396 lms2ep@bellsouth.net

June 1, 2012

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Rhetta Boyce Enterprises, Inc.

Dear Sirs:

Enclosed please find Articles of Incorporation for Rhetta Boyce Enterprises, Inc. Also enclosed please find checks totally \$78.75 for your filing fee.

Please return the Certificate of Status to our office at the address above.

Thank you for your assistance in this matter.

Sincerely,

LARRY M. STEWART

LMS/sfn

Enclosures

cc: Ms. Loretta Boyce

COVER LETTER

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

| SUBJECT: Rhetta Boyce Enterpris | ses, Inc. |
|---|---|
| (PROPOSED CORPORA | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| Enclosed are an original and one (1) copy of the arti | cles of incorporation and a check for: |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROм: Loretta Boyce | |
| Name | (Printed or typed) |
| 621 St. Lucie Crescent | |
| A | Address |
| Stuart, Florida 34994 City, | State & Zip |
| (772) 215-5454 Daytime To | elephone number |
| 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 | MARKET | | FILED |
|-------------------|--|---------------------------------------|-----------------------------------|
| | Rhetta Boyce Enterprise corporation shall be: | es, Inc. | 12 JUN -4 PM 3: 3 |
| | • | | 32 JUN -4 PM 3: 3 |
| ARTICLE II | PRINCIPAL OFFICE | N 4 111 | Idress; if different is: OF STATE |
| | Principal street address | Mailing ad | Idress; it different is: Or STATE |
| | 621 St. Lucie Crescent | | - CARTON |
| | Stuart, FL 34994 | | |
| | | | |
| ARTICLE III | PURPOSE which the corporation is organized is: | | |
| | nair and other related beauty services. | 1 | |
| 10 provido i | ian and other related bodaty services. | | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV | | | |
| The number of sh | nares of stock is:1,000 | | |
| | INITIAL OFFICERS AND/OR DIRECTOR | | |
| | Title:Loretta Boyce, P., Sec., Treasurer | | |
| Address: | 621 St. Lucie Crescent | _ Address: | |
| | Stuart, FL 34994 | | |
| | | - | |
| Name and | Title: | Name and Title: | |
| Address: | | | |
| | | | |
| | | - | |
| Name and ' | Title: | Name and Title: | |
| Address: | Title. | | |
| riadioss. | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | lorida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | Larry M. Stewart, Esquire | | |
| Address: | 73 S.W. Flagler Avenue | _ | |
| | Stuart, FL 34994 | _ | |
| ARTICLE VII | INCORPORATOR | | |
| | ddress of the Incorporator is: | | |
| Name: | Loretta Boyce | _ | |
| Address: | 621-St. Lucie Crescent | _ _ | |
| | Stuart, FL 34994 | - | |
| Havina heen na | med as registered agent to accept service of proces | s for the above stated corno | ration at the place designated in |
| | am fanaliar with and accept the appointment as reg | | |
| | / (| | -1 1 |
| | n | | 5/31/12 |
| // | Required Signature/Registered Agent | | Date |
| · | | a a a a a a a a a a a a a a a a a a a | |
| I submit this doc | cument and affirm that the facts stated herein are | true. I am aware that the j | talse information submitted in a |
| aocument to the | Department of State constitutes a third degree felon | y as proviaea for in s.817.15. | o, r.s. |
| Know | t Brown | | 7/21/10 |
| yuu | Required Signature/Incorporator | | 5/9/// |
| / | Required Signature/Incorporator | | Date ' |

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I | NAME Rhetta Boyce Enterprises | , Inc. FILEU |
|---|--|--|
| I ne name of the c | corporation shall be: | 12 JUN -4 PM 3: 36 |
| ARTICLE II | PRINCIPAL OFFICE | 9'94 |
| | Principal street address | Mailing address, if different is: [E. St. or in the control of the |
| | 621 St. Lucie Crescent | TATA A PARAMETER COMMA |
| | Stuart, FL 34994 | 1.235-7-1-1 |
| | | v.) |
| ARTICLE III | | |
| | which the corporation is organized is: nair and other related beauty services. | |
| To provide i | iali and other related beauty services. | |
| | | |
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| | | |
| ARTICLE IV | SHARES ares of stock is:1,000 | |
| | · | |
| | INITIAL OFFICERS AND/OR DIRECTORS | Name and Title: |
| Address: | 621 St. Lucie Crescent | Address: |
| 11001055. | Stuart, FL 34994 | |
| | | |
| Name and | Fitle: | Name and Title: |
| Address: | | Address: |
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| Name and ' | l'itle: | Name and Title: |
| Address: | | Address: |
| | | |
| | | |
| | REGISTERED AGENT | a madistance dispose to the |
| The <u>name and Fi</u> Name: | lorida street address (P.O. Box NOT acceptable) of the Larry M. Stewart, Esquire | e registered agent is: |
| Address: | 73 S.W. Flagler Avenue | |
| rtuuress. | Stuart, FL 34994 | |
| 4 D. ST. CT . T. | , | |
| | INCORPORATOR Idress of the Incorporator is: | |
| Name: | Loretta Boyce | |
| Address: | 621 St. Lucie Crescent | |
| | Stuart, FL 34994 | |
| Having been nar | med as registered agent to accept service of process f | or the above stated corporation at the place designated in |
| this certificate. | am familiar with and accept the appointment as regist | ered agent and agree to act in this capacity |
| | 10(1- | c/2.1. |
| -// | | <u> </u> |
| | Required Signature/Registered Agent | Date |
| I submit this doc | cument and affirm that the facts stated herein are tr | ue. I am aware that the false information submitted in a |
| document to the i | Department of State constitutes a third degree felony a | s provided for in s.817.155, F.S. |
| - And | L Backs | 1.1. |
| | LAUGUL | |
| / | Required Signature/Incorporator | / Date |