## P12000062371

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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SECRETARY OF SIAIG

## COVER LETTER

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

SUBJECT: BOULTY BOU QTS (PROPOSED CORPORATE NA	imphy Spoiled Boutique, Inc
Enclosed are an original and one (1) copy of the articles of	incorporation and a check for:
Filing Fee Filing Fee & Certificate of Status &	8.75 Significate Status  DDITIONAL COPY REQUIRED
//	
FROM: Duess Mame (Printe	d or typed)
1471 Main Address	Street
Sanasota R City, State &	34236 Zip
94) 705-16 Daytime Telephor	le number
E-mail address: (to be used for fur	The 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)

The name of the co	NAME orporation shall be: Boow ty Bo	10 at Six al S	poiled Boutigue, Inc
ARTICLE II	PRINCIPAL OFFICE Principal street address	)	ng address, if different is:
	1471 main Street Souosoto, FC 34231	·	
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is:		₽s. ➡.
	Retail Services		TICALIASSI FLANASSI
ARTICLE IV The number of sha	_SHARES ures of stock is: / (90).		E. F. S.
Name and T Address:	initial officers and/or directive: // Onessa Opstal Owher Bylo Ehrsian Washin Sanosota FC 3423	Name and Title: Address: 00	encta Swain when 35 S. School Queme linit.
Name and T Address:		Name and Title:	
Name and T Address:	itle:	Name and Title:Address:	
Name: Address:	REGISTERED AGENT  prida street address (P.O. Box NOT acceptate  [M. N.E. S.O. N. Ops for  [47/ Main Shelt  Sanasota, T. 342	of the registered agent is:	
he name and add Name: Address:	INCORPORATOR  Iress of the Incorporator is:  I ANI SSO M. Opso.  39(a) Eh. 204 Wood.  804080to, TC 3423,	tal oln	
Having been ham his certificate, I ar	ed as registered agent to accept service of po manifian with and becept the appointment of	rocess for the above stated co as registered agent and agree	orporation at the place designated in to act in this capacity
	Required Signature/Registered Agent		7/12/12 Dute
submit this dofu ocument to the D	ment and affirm modifie facts stated hereis epartment of State constitutes a third degree	n are true. I am aware that ifelony as provided for in s.81	the false information submitted in a 7.155, F.S.
	Required Steffature/Incorporator		Date