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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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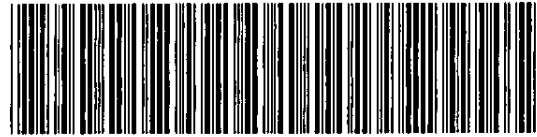
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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PS 8/17/12

## COVER LETTER

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

SUBJECT: NOW & THEN 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: LINDA L. GICKA

Name (Printed or typed)

P O BOX 530452; 4222 22ND AVENUE SOUTH

Address

ST PETERSBURG, FL 33711

City, State & Zip

727-542-9796

Daytime Telephone number

nowandthen@yahoo.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** NOW & THEN BOUTIQUE, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4293 48TH AVENUE SOUTH  
ST PETERSBURG, FL 33711

Mailing address, if different is:  
P O BOX 530452  
4222 22ND AVENUE SOUTH  
ST PETERSBURG, FL 33711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
RETAIL AND INTERNET SALES OF PREVIOUSLY OWNED GOODS AND COLLECTIBLES

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: <u>LINDA L GICKA, PRESIDENT</u>	Name and Title: _____
Address: <u>4293 48TH AVENUE SOUTH</u>	Address: _____
<u>ST PETERSBURG, FL 33711</u>	_____
_____	_____

Name and Title: <u>RONALD J GICKA, SR</u>	Name and Title: _____
Address: <u>4293 48TH AVENUE SOUTH</u>	Address: _____
<u>ST PETERSBURG, FL 33711</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: RONALD J GICKA, SR  
Address: 4293 48TH AVENUE SOUTH  
ST PETERSBURG, FL 33711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LINDA L GICKA  
Address: 4293 48TH AVENUE SOUTH  
ST PETERSBURG, FL 33711

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

Ronald J Gicka  
Required Signature/Registered Agent

8/12/12  
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.

Linda Gicka  
Required Signature/Incorporator

8/12/12  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 16 AM 9:51