## P/200087665

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

Office Use Only



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## **COVER LETTER**

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

SUBJECT:
First and an arrainal and arra (1) array of the arrials of incomparation and a shock form
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:
\$70.00 \$78.75 \$87.50
Filing Fee Filing Fee Filing Fee,
& Certificate of Status
Status
ADDITIONAL COPY REQUIRED
ADDITIONAL COLL REQUIRED
$A(l, \mathcal{D}_{+}) = 0.0$
FROM: Aty, Resinal Sessions Name (Printed or typed)
Name (Printed or typed)
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Address 34950
C/ 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:
1+ Prence, -12-595-0060
City, State &/Zip
· ·
Daytime Telephone 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 NAME	<i>(</i>	
The name of the corporation shall be: CATheren	s Boutique, Inc.	
ARTICLE II PRINCIPAL OFFICE	0	
Principal street address	Mailing address, if different is:	
1502 n. 25"5+		
<u> Ft. Pierce</u> F-134947		
· ·		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:	a death on heart	
	ness.	
15 mgs	ness.	
ARTICLE IV SHARES The number of shares of stock is: 100 (0 ne 140)	minen	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS/)	3, 139	
Name and Title: Tohony Wilson/M	and Title:	
Address: 3224 MARCHA. DM. A	ddress:	
Rivera Began H		
	7	
Name and Title: Choistine Crowther Sec./N	ame and Title:	
	ddress:	
Address: 1112		
Punta borda, Fl.		
33983	ame and Title:	
Name and Title:	ame and Title:	
Address: A	ddress:	
	2 de 10	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is:	
Name: Theresa wilson	S To Park	
Address: <u>\$7/4 Myrtle Dt.</u> Ft. Place Ft 3498		
- FIDSE, F1 3 17 0		
ARTICLE VII INCORPORATOR	The second secon	
The name and address of the Incorporator is:		
Name: Reginald Sessions E	SZ. Dm -1	
Name: Resinald Sessions E Address: (608. N. U. S. How) Sta Ft. Pierce F1 3495D		
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 register		
16	• •	
OV Linesa Wilson	Od. 2,2012	
Required Signature/Registered Agent	Date J	
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.		
n 1/2	9.100.	
Kon XII) Name	_ (10LT 4 201)	
Required Signature/Incorporator	Date	