

P13000019463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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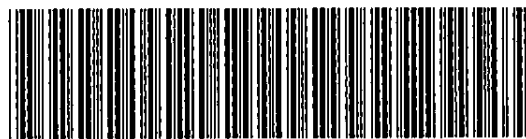
(Business Entity Name)

(Document Number)

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

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13 FEB 27 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
2/28/13

## COVER LETTER

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

SUBJECT: INDULGE IN ELEGANCE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Br. Henry Carter  
Name (Printed or typed)

9064 Pines Breeze Dr  
Address

River view, FL 33578  
City, State & Zip

(813) 210-5750  
Daytime Telephone number

indulgeinc elegance Boutique inc. @ 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**

The name of the corporation shall be: Indulge in elegance Boutique Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9064 Pine breeze Dr  
River view, FL 33578

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All legal business purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: ~~Brittany Carter president~~

Address: ~~9064 pine breeze Dr~~

~~River view, FL 33578~~

Name and Title: Ametkyst Smith <sup>vice</sup> ~~president~~

Address: 3305 Sawtooth Dr.

Tallahassee, FL 32303

Name and Title: Brittany Carter ~~president~~

Address: 9064 pine breeze Dr

River view, FL

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**FILED****13 FEB 27 AM 11:54****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Brittany CarterAddress: 9064 Pine breeze Dr  
River view, FL 33578**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Darrell Smith consultingAddress: 601 S. Falkenburg, Ste 14-2  
Tampa, FL 33619

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

Brittany Carter  
Required Signature/Registered Agent2-15-13  
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.

Darrell Smith  
Required Signature/Incorporator2-15-13  
Date