

P13000019619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP: ☐ WAIT ☐ MAIL

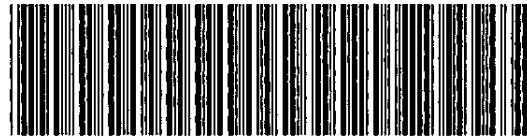
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/15

W13-96089



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2013

BRENDA WILLIAMS  
5064 LANTANA RD #6209  
LAKEWORTH, FL 33463

SUBJECT: BREA'S TICKLE PINK KLOSET  
Ref. Number: W13000009608

RECEIVED  
FEB 27 2013  
11:46 AM

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RECEIVED

We have received your document for BREA'S TICKLE PINK KLOSET and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 313A00003851

**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:

Brea's Tickle Pink Boutique Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5064 Lantana Rd #6209

Lakeworth Fl 33463

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for clothing

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

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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: Brenda Williams

Address: 5064 Lantana rd #6209

Lakeworth Florida 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brenda Williams

Address: 5064 Lantana rd #6209

Lakeworth Fl 33463

*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*

  
Required Signature/Registered Agent

2/12/2013  
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.*

  
Required Signature/Incorporator

2-12-2013  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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