

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

Office Use Only



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10/02/13--01023--017 \*\*122.50

FILED

13 OCT | | AM 9: | B

SECRETARY OF STATE

W13-55130

## **COVER LETTER**

TO: Charter Section

2661 Executive Center Circle Tallahassee, FL 32301

Division of Co	orporations		
SUBJECT:	(a Bout Name of Resulting	Floodda Profit Corporation	TRC.
			and fees are submitted to ation" in accordance with s.
Please return all corre	spondence concerning	this matter to:	
Tracy	TOVANO Contact Person		
Ula I	Boutigu Firm/Company	e, Inc.	
11520	Griffing Address	BlVd	
Biscay	INC PAY I	K, F1. 33	161
Ulabou E-mail address: (to b	tique a l'eusedfor future annual re	QOL.COI	M
For further informatio	n concerning this mat	ter, please call:	
Trauj Name of Cont	OKANO act Person	at ( <u>305)</u> Area Code and Days	198 1908 ime Telephone Number
Enclosed is a check for	or the following amous	nt:	
□ \$105.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS	<b>5:</b>	MAILING	ADDRESS:
Charter Section	<del>_</del>	Charter Sect	
Division of Corporati	ons		Corporations
Clifton Building		P. O. Box 63	327

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2013

TRACY <del>FORANO</del> 11520(FRIFFING BLVD BISCAYNE PARK, FL 33161

SUBJECT: ULA BOUTIQUE, INC. Ref. Number: W13000055130

HECEVED

13 OCT II PH 3: 21

TEGISTER CESTATI

We have received your document for ULA BOUTIQUE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Organization, if any.

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: 913A00023294

10/10/2013-spoke to a specialist and I have lift iftees Sate blank on page 1/22 for you to make it effective when it is filled.

Rankyo

www.sunbiz.org

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## Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate	<del>)</del>	
of Conversion is:  1/a Boutiau, UCLI30000	7690-	7
Enter Name of Other Business Entity	N	
2. The "Other Business Entity" is a MA Manual Company, limited partnership,	MA	ny
general partnership, common law or business trust, etc.)		
first organized, formed or incorporated under the laws of HOULAN (Enter state, or if a non-U.S. entity, the name of the country)		
on 11/01/28,2013		
Enter date "Other Bysiness Entity" was first organized, formed or incorporated		اخ قانو ا
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country mater	<b>ದ</b> ;₩	
the laws of which it is now organized, formed or incorporated:		
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set forth in the attached Articles of The Profit Corporation as set for the Profit Corporation as set for the Profit Corporation as set for the Articles of The Profit Corporation as set for the Profit Corporation as set </u>	<b>R</b> [1]	•
Incorporation: U/a Boutique Inc. PRIDE	<mark>ප</mark> වි	in
Enter Name of Florida/Profit Corporation		, T
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this		
document is filed by the Florida Department of State; AND 2) must be the same as the		

effective date listed in the attached Articles of Incorporation, if an effective date is listed

therein.)

	<u>.</u>	
Signed this 20 day of duly	eptembro 13	
Required Signature for Florida Profit Corporati	on:	
Signature of Chairman, Vice Chairman, Director, O	Officer, or, if Directors or Officers have not	
been selected, an Incorporator:	SOLANO,	
been selected, an Incorporator: 10005  Printed Name: 10005	<u> Yresident</u>	
Required Signature(s) on behalf of Other Business	Entity: [See below for required	
signature(s).]		
Signature: Macy Joran	· A	
Printed Name: TVCICIO, TOVONO	Title: Member	
Signature: Printed Name: AVANUV J. TOVOV	Mille Member	
Timed Hame.	Jime	
Signature:		
Printed Name:	_Title:	
Signature:		
Printed Name:	Title:	
Cimpatura		
Signature:Printed Name:	Title	
Signature:		
Printed Name:	Title:	
If Florida General Partnership or Limited Liabilit	v Partnership:	
Signature of one General Partner.		
remaining the state and an armount of the state of the side	I imited Dentary making	
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnersnip:	
Signatures of ALSE Ocheral Lattices.		
If Florida Limited Liability Company:	A'S 3	
Signature of a Member or Authorized Representative	L'CR CR	
All others:	SS = F	
Signature of an authorized person.		
Fees:	To I	
Certificate of Conversion:	\$35.00	
Fees for Florida Articles of Incorporation:	\$70.00	٠,
Certified Copy:	\$8.75 (Optional)	
Certificate of Status:	\$8.75 (Optional)	

## 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:	Boutique Inc.
ARTICLE II PRINCIPAL OFFICE	<del></del>
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
1520 Griffing B	Vo same
1513Cayne PC, F1.	J31@ I
ARTICLE III PURPOSE  The purpose for which the corporation is organized in	is:
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/O	RDIRECTORS
Name and Title: 1/QCU/S, 10/CI	MONTHERS HILLOND SECUTORY
Address: 1520 GITTEIN	aBMGs:
Biscayne Pk	F1.33161
Name and Title:	Name and Title:
Address:	Address:
	TAL SE
Name and Title:	Name and Title:
Address:	Address: S
	mg <b>≥</b> in
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NO	T acceptable) of the registered agent is:
Name: 7/ acy 5, 10/	ano, ,
Address: 1520 GVI (CI)	gBlvd.
BISCAYNE PF,	7/1.

The name and address of the Incorporator is:
Name: Tracys. Torano
Address: 11520 GYIAING BIVG
BISCOYNE Park, Fl.
33/4/
******************
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
designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Capacity  Capacity  Acquired Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information
Capacity  Olay S. Jolay Co  Required Signature/Registered Agent  Pare  Pare  Pare  Pare  Pare  Pare  Pare
Capacity  Capacity  Acquired Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information
Capacity  Capacity  Acquired Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that any false information

ARTICLE VII

INCORPORATOR

SECRETARY OF STATE