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DIVISION OF CORPORATIONS
2013 OCT 21 PM 1:06

VH

COVER LETTER

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

SUBJECT: Eyes On Me 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: Stephanie Chamorro & Arlene Diaz
Name (Printed or typed)
1830 west 73 place
Address
Hialeah , Florida 33014
City, State & Zip
(305) 986-7032
Daytime Telephone number
anievuitton@aol.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: Eyes on me boutique Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1830 west 73 place

Hialeah Florida 33014

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation is to sell clothing.

ARTICLE IV SHARES 2

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Chamorro

Address: 1830 west 73 pl

hialeah fl 33014

Name and Title: Arlene Diaz

Address: 17455 nw 75 pl apt 101

hialeah fl 33015

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

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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: Stephanie Chamorro
Address: 1830 west 73 pl
hialeah fl 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arlene Diaz
Address: 17455 nw 75 pl apt 101
hialeah fl 33015

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

Stephanie Chamorro

Required Signature/Registered Agent

8-29-13

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.

Arlene Diaz

Required Signature/Incorporator

8-29-13

Date