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(Requestor's Name)		
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	y/State/Zip/Phon	o #\
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
r		
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: Christian Couty	re Boutio	ue Inc.
(PROPOSED CORPORA	TENAME - MUST INCL	JDE SUFFIX)
Enclosed are an original and one (1) copy of the art	ticles of incorporation and	l a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Section 1975 \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Shamika	Laidley e (Printed or typed)	

Address				
Tamarac FL 33321 City, State & Zip				
305-814-3513 Daytime Telephone number				
Christian Coulure boutique Egmail. Com E-mail address: (to be used for future address report northication)				

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)

The name of the corporat	ion shall be: Christian	Courtere 1	Boungue	Inc.
	NCIPAL OFFICE Principal street address 65th Street	Mail	ing address, if different i	s:
	FL 33321			
ARTICLE III PURI The purpose for which the	ne corporation is organized is:	neet the fi	eshion ne	eds
of women	through trends	yteshion. h	channel	npare 70 be
free and e	tpress in what	they were	<i>C.</i>	
				· · · · · · · · · · · · · · · · · · ·
ARTICLE IV SHA The number of shares of s		TORS	SECRETARY OF STATE	FILED
Name and Title	Shamila Laidley C		0,7,10	; ≟ —
Address	9444 NW 65th S Tamarac FL 333	-		
Name and Title:		Name and Title:		41
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		<u> </u>
				

		FILED
Name and Title:	Name and Title:	13 NOV 18 PM 12: 17
Address	Address:	+ LOW 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: Shamika Care	dey	
Address: 9444 NW 65 HI	Street	
Tamarac FL 3	3321	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Shaming (a)		
Address: 9444 NW 69	sth Street	
Tamarac FC	33321	
Having been named as registered agent to accept ser this ceptificate, I am familiar with and accept the appo		
Shamiha Laid Co. Required Signature/Registe	redi Agent	11/16/13 Date
I submit this document and affirm that the facts state document to the Department of State constitutes or this	ted herein are true. I am aware tha	t the false information submitted in a 817.155, F.S.
Shawiha audingd Signature/Incor	do d	11)16/13
redains 5.5 million	(T)	•