## P14000011991

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400256247074

02/03/14--01042--007 \*\*87.50

THE TOTAL PROPERTY.

- C2/10/14

## **COVER LETTER**

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

subject: Glam Stax Bout	GOLP COLP		
Enclosed are an original and one (1) copy of the article			
\$70.00 \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Jennifler Raymond Name (Printed or typed)  3310 S. W. 2011 CA			
Deerfield Beach Fl., City, 5	ddress  33 440 State & Zip Clephone number		

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 corpora	ME, ation shall be:	Stax Boutique (	Op.
ARTICLE II PR	INCIPAL OFFICE Principal street address	Mailing a	address, if different is:
3310 SW	200 cA		
Derivery be	ach F13344a		THE TAXABLE AND THE TAXABLE AN
•			
The purpose for which	<b>RPOSE</b> the corporation is organized is:	Glam Slax Boutio	ful conp. 12
And togethe	21 to Supply +	he public with la	shimable goods
		wallets custume	
		ordoble Prices 4	
Can not h		_ ·	7
			, d
			7746
ARTICLE IV SH. The number of shares of	ARES		· · · · · · · · · · · · · · · · · · ·
	TIAL OFFICERS AND/OR	IN MON (ED)	
	e: Jenniler Kayn		
Address	3310 S. W Mid		
	Deerheld heach		
Name and Title		Name and Title:	
Address			
Name and Title	S	Name and Title:	
Address			
	The state of the s	Administrative deliberative and the second s	The second secon

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: Penniur Kaymon				
Address: J3310 S.W and CA	<del></del>			
Deatherd Beach Fl	Boura E fi			
ARTICLE VII INCORPORATOR	$\frac{\lambda_{ij}}{\lambda_{ij}} = \frac{1}{\omega} + \frac{1}{\omega}$			
MITTELE VII MCORT ORATOR	······································			
The <u>name and address</u> of the Incorporator is:				
Name: AMALY Kaymon				
Address: 3310 5.00 and CA	> <del></del>			
Deerherd Brain A	_30una			
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			
	112814			
Required Signature/Registered Agent	Date			
I submit this document and affirm that the facts stated herein a	re true. I am aware that the false information submitted in a			
document to the Department of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.			
Required Signature/Incorporator	1/28/14			
- Coquita or grant or most portator	1 Date			