

PI4 000032186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

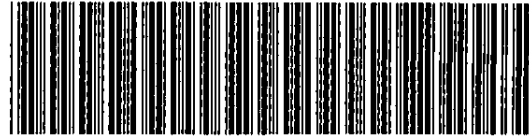
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

4/10/14

## COVER LETTER

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

**SUBJECT:** Blossoming Dreams Boutique, Co.

(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:** Cristina Tourino  
\_\_\_\_\_  
Name (Printed or typed)

18361 SW 55 STREET

\_\_\_\_\_  
Address

SOUTHWEST RANCHES, FL 33331

\_\_\_\_\_  
City, State & Zip

954-680-2770

\_\_\_\_\_  
Daytime Telephone number

BLOSSOMINGDREAMSBOUTIQUE@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA  
DIVISION OF STATE

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I    NAME**

**BLOSSOMING DREAMS BOUTIQUE, CO.**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

**18361 SW 55 STREET**

**SOUTHWEST RANCHES, FL 33331**

Mailing address, if different is: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

**Professional Corporation**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV    SHARES    1000**

The number of shares of stock is: \_\_\_\_\_

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

**CRISTINA TOURINO, PRES**

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

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

Address

**18361 SW 55 STREET**

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

**SOUTHWEST RANCHES**

**FL 33331**

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

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

Address

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

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

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

Address

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

(conti.)

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:

CRISTINA TOURINO

Name: \_\_\_\_\_

18361 SW 55 STREET

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

SOUTHWEST RANCHES, FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CRISTINA TOURINO

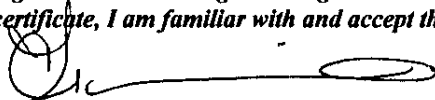
Name: \_\_\_\_\_

18361 SW 55 STREET

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

SOUTHWEST RANCHES, FL 333

*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

4/1/14

\_\_\_\_\_  
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

4/1/14

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE