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(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 30 PM 2:53

APPROVED
AND
FILED

114

COVER LETTER

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

SUBJECT: Bella Grace 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kerri Lohman

Name (Printed or typed)

1655 Hwy 177

Address

Bonifay, FL 32425

City, State & Zip

(850) 547-3964

Daytime Telephone number

kerrijanelohman@yahoo.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)

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AND
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ARTICLE I NAME

The name of the corporation shall be: Bella Grace Boutique, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1655 Hwy 177

Bonifay, FL 32425

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kerri Lohman, CEO

Name and Title: _____

Address 1655 Hwy 177

Address: _____

Bonifay, FL 32425

Name and Title: Brian Lohman, Vice-President

Name and Title: _____

Address 1655 Hwy 177

Address: _____

Bonifay, FL 32425

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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AND
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(conti.)

14 JUN 30 PM 2:53

Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

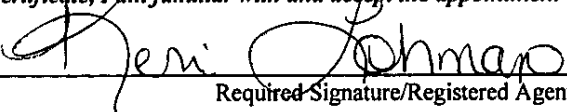
Name: Kerri Lohman
Address: 1655 Hwy 177
Bonifay, FL 32425

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

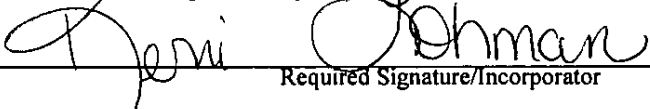
Name: Kerri Lohman
Address: 1655 Hwy 177
Bonifay, FL 32425

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

6/17/14
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

6/17/14
Date