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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

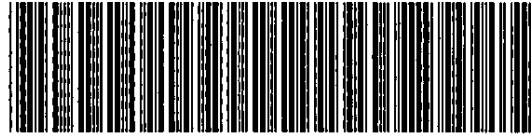
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/30/14--01023--003 \*\*87.50

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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**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

1655 Hwy 177

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

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  
FILED

(cont.)

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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

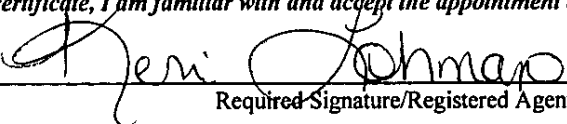
**ARTICLE VII INCORPORATOR**

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