

PN 000063871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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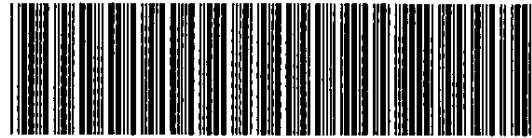
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JUL 28 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BUBBLE Gum 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: AMANDA TISED
Name (Printed or typed)

151 NORMAN ST
Address

PORT CHARLOTTE, FL 33954
City, State & Zip

941-815-7396
Daytime Telephone number

bubblegumboutiqueFL@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: BUBBLE Gum BOUTIQUE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

151 NORMAN ST
PORT CHARLOTTE, FL
33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUSINESS VENTURE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA TISEO OWNER Name and Title: _____
PRESIDENT

Address 151 NORMAN ST Address: _____
PORT CHARLOTTE, FL
33954

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(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:

Name:

AMANDA TISEO

Address:

151 NORMAN ST

PORT CHARLOTTE, FL 33954

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

AMANDA TISEO

Address:

151 NORMAN ST

PORT CHARLOTTE, FL 33954

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

Amanda Tiseo

Required Signature/Registered Agent

7/26/14

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.

Amanda Tiseo

Required Signature/Incorporator

7/26/14

Date