

P15000083003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

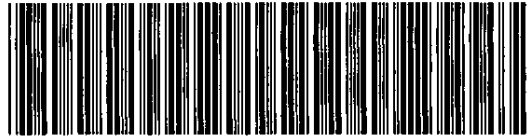
(Document Number)

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

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15 OCT -2 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Berch OSI 8/20/15

**COVER LETTER**

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

SUBJECT: ABoucher, 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      ☐ \$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: Aurora Boucher  
Name (Printed or typed)

501 116th Avenue North, Apt. 285  
Address

Saint Petersburg, FL 33716  
City, State & Zip

813 679-0868  
Daytime Telephone number

shopreviewraverpeat@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: ABoucher, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
501 116th Avenue North  
Apt. 285  
Saint Petersburg, FL 33716

Mailing address, if different is:  
PO Box 280247  
Tampa, FL 33682

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aurora Boucher, President, Secretary, Treasurer, and Director Name and Title: \_\_\_\_\_

Address: 501 116th Ave. N. #285 Address: \_\_\_\_\_

St. Pete, FL 33716

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

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

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

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

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:

Aurora Boucher

Address:

501 116th Ave. N. #285  
St. Pete, FL 33716

**ARTICLE VII INCORPORATOR**

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

Name:

Aurora Boucher

Address:

501 116th Ave. N. #285  
St. Pete, FL 33716

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

A Boucher

Required Signature/Registered Agent

9/29/15

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.*

A Boucher

Required Signature/Incorporator

9/29/15

Date