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Electronic Filing Cover Sheet

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To: ☐ I submit this document in a document to the State of Florida, Division of Corporations, at the State Capitol Building, Tallahassee, Florida 32399-0000. (850)617-6381. I am submitting this document as provided for by law.

From: ☐ I submit this document in a document to the State of Florida, Division of Corporations, at the State Capitol Building, Tallahassee, Florida 32399-0000. (850)617-6381. I am submitting this document as provided for by law.

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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16 MAR 15 AM 11:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MOKA BOUTIQUE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

MOKA Boutique Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

9049 SW 157th Court

Miami, FL 33196

ARTICLE III **SHARES:** The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Monika Molina

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Monika Malina

9049 SW 157th Court

Miami, FL 33196

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Monika Molina

9049 SW 157th Court

Miami FL 33196

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 15 AM 11:00

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Florida Department of State

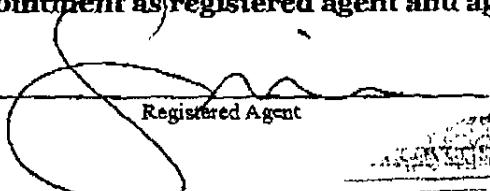
ARTICLES

In compliance with

H160000066248

Required Signatures:

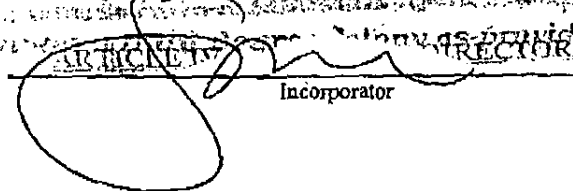
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent
Date 3/15/16

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.

I submit the false information
third degree felony



Incorporator
Date 3/15/16

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR 15 PM 11:00

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