

P/6000071187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

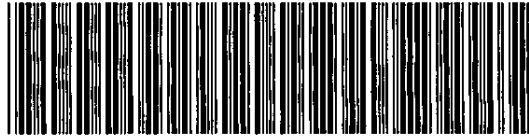
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/10/16--01011--020 **87.50

EFFECTIVE DATE 08/31/16

W/16-057385

08/30/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

SILVITA THERVIL
359 N.E. 158TH ST.
N. MIAMI, FL 33162

SUBJECT: S & E BOUTIQUE
Ref. Number: W16000057385

We have received your document for S & E BOUTIQUE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 816A00017472

RECEIVED

16 AUG 29 PM 12:38

COVER LETTER

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

SUBJECT: _____

S i E Boutique - Incorporated
(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: _____

Silvita Thervil

Name (Printed or typed)

359 N.E. 158th St.

Address

North Miami, FL 33162

City, State & Zip

954-826-6597

Daytime Telephone number

Thervil39118@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:

S & E Boutique CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

359 N.E. 158th St

North Miami, FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell clothing at a
retail price

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Silvia Thervil - President

Address

359 N.E. 158th St

North Miami, FL 33162

President

Name and Title:

* Enghy Eugene Thervil - V.P.

Address:

359 N.E. 158th St

North Miami, FL 33162

Vice-President

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: Silvia Thervil Name and Title: _____
Address: 359 N.E. 158th St Address: _____
North Miami, FL 33162 _____

ARTICLE VI REGISTERED AGENT

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

Name: Silvia Thervil
Address: 359 N.E. 158th St
North Miami, FL 33162

ARTICLE VII INCORPORATOR

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

Name: Silvia Thervil
Address: 359 N.E. 158th St.
North Miami, FL 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-31-2016 (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

Silvia Thervil 8-25-16
Required Signature/Registered Agent 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.

Silvia Thervil 8-8-16
Required Signature/Incorporator Date