

P17 60000 4026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

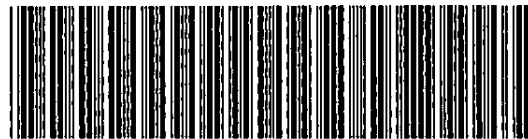
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TALLAHASSEE, FLORIDA
17 JAN -4 AM 10:57

M. MOON
JAN 04 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2016

VALERIE J. LAMMON
3034 W NEW HAVEN AVENUE
WEST MELBOURNE, FL 32904

SUBJECT: LA BOUTIQUE DE BRIDAL & TUXEDOS, INC.
Ref. Number: W16000084846

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We have received your document for LA BOUTIQUE DE BRIDAL & TUXEDOS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

It appears that the purpose contained in your articles is incomplete.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 016A00027027

COVER LETTER

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

SUBJECT: La Boutique de Bridal & Tuxedos, 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: Valerie J. Lammon

Name (Printed or typed)

3034 West New Haven Avenue

Address

West Melbourne, Florida 32904

City, State & Zip

321-725-2727

Daytime Telephone number

valerie@laboutiquedebridal.com

E-mail address: (to be used for future annual report notification)

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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: La Boutique de Bridal & Tuxedos Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3034 West New Haven Avenue

West Melbourne, Florida

32904

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valerie J. Lammon-President & Treasurer

Name and Title: Karie M. Liebl-VP & Secretary

Address 3034 West New Haven Avenue

Address: 3034 West New Haven Avenue

West Melbourne, Fl. 32904

West Melbourne, Fl. 32904

Name and Title: N/A

Name and Title: N/A

Address

Address:

Name and Title: N/A

Name and Title: N/A

Address

Address:

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STATE
FLORIDA

Name and Title: N/A

Address _____

Name and Title: N/A

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Valerie J Lammon

Address: 3034 West New Haven Avenue
West Melbourne, FL 32904

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FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

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

Name: Valerie J. Lammon

Address: 3034 West New Haven Avenue
West Melbourne, FL 32904

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1st, 2017. (OPTIONAL)

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

Valerie J Lammon
Required Signature/Registered Agent

12-31-16
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.

Valerie J Lammon
Required Signature/Incorporator

12-31-16
Date