

P20000012976

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000050447 3)))



H200000504473ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
FASHION FIEND BOUTIQUE INC**

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

FILED
2020 FEB 14 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2020 FEB 13 PM 1:26
CORPORATE
SERVICES

68
2/14/2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Fashion Tiend Boutique Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10851 SW 25th Apt K-110
Miami FL 33174**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Anaisa Mesa (P)2020 FEB 14 AM 9:49
CLERK OF STATE
TALLAHASSEE, FL

FILED

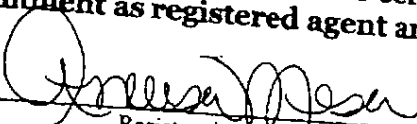
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Anaisa Mesa10851 SW 25th Apt K-110MIAMI FL 33174**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Anaisa Mesa10851 SW 25th Apt K-110MIAMI FL 33174

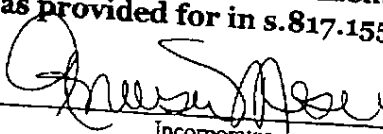
Required Signatures:

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 _____

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.



Incorporator _____ Date _____

FILED

2020 FEB 14 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FL