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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : CAPITAL PRO SERVICES, LLC
Account Number : I202200000008
Phone : (772)249-5273
Fax Number : (772)264-6100

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

Email Address: nelycastro123@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION N & R Boutique, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2022 APR 29 AM 10:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

2022 APR 29 PM 1:36
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STATE

25

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COVER LETTER

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

SUBJECT: N & R BOUTIQUE, 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: NELIDA CASTRO
Name (Printed or typed)

1016 SW PAAR DRIVE
Address

PORT ST LUCIE, FL 34953
City, State & Zip

772.204.1286
Daytime Telephone number

nelycastro123@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: N & R BOUTIQUE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1016 SW PAAR DRIVE
PORT ST LUCIE, FL 349531016 SW PAAR DRIVE
PORT ST LUCIE, FL 34953**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: NELIDA CASTRO, PRESIDENT Name and Title:Address: 1016 SW PAAR DRIVE
PORT ST LUCIE, FL 34953

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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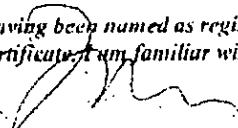
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CAPITAL PRO SERVICES, LLCAddress: 1972 SW CAMEO BLVDPORT ST LUCIE, FL 34953**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NELIDA CASTROAddress: 1016 SW PAAR DRIVEPORT ST LUCIE, FL 34953**ARTICLE VIII EFFECTIVE DATE:**

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

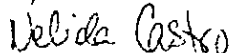
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

Required Signature/Registered Agent

04/29/2022

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.

Required Signature/Incorporator

04/29/2022

Date

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