

To:

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2023-04-11 1:09 PM

LEAS

From: Veronica Gonzalez

P23000036303

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.

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To:

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

From:

Account Name : RASI
Account Number : 120220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

RECEIVED

2023 MAY -5 AM 8:04

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

ID Boutique Enterprises Inc

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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 shall be: ID Boutique Enterprises Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

33955 US Hwy 19 N

Palm Harbor, FL 34684

Mailing address, if different is:

1532 Conway Isle Circle

Belle Isle FL 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for

which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Thompson/Treasurer

Address: 1532 Conway Isle circle

Belle Isle FL 32809

Name and Title: David Patrick/VP

Address: 2424 Oakbend Dr Apt 1111

Palm Harbor, FL 34683

Name and Title: Adam Weidhorn/Secretary

Address: 2717 Laurel Ave

Brooklyn NY 11224

Name and Title: Adam Hasner/ President

Address: 8 Parkwood Ave

Staten Island, NY 10309

Name and Title:

Address:

Name and Title:

Address:

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: Kenneth Thompson

Address: 1532 Conway isle circle
Belle Isle FL 32809

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Kenneth Thompson

Address: 1532 Conway isle circle
Belle Isle FL 32809

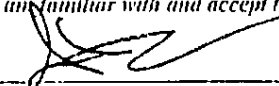
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business days after the filing.)

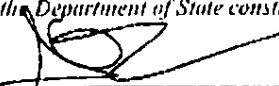
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X 
Required Signature/Registered Agent

5-4-2023
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.

X 
Required Signature/Incorporator

5-4-2023
Date