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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/15/2024			
	Patrice Rush			
	2438749			
	e:B	OULANGERIE INC		_
Articl Amer		rization to Transact Business	37 38	2024 JUL 15 AM 9:47
☐ Merg	olution/Withdrawal		لسا <u>تا تا</u>	47
_	ious Name r			
Authorized A	Amount: \$70.00	0		

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/15/2024	
Name:	Patrice Rush	·
Reference #:	2438749	
	ВО	ULANGERIE INC
		ation to Transact Business
Amen	dment	2024 30-14 17
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Other_		
Authorized A		
Signature:	(Part)	

F: +852.2682.9790

COVER LETTER

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

SUBJECT:	Boulangerie Inc			
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status Pry REQUIRED	
			AN SECULA	
FROM:	Garth Appelman			
	Name (Printed or typed)			
	2110 NW 60th Circle			
	Address			
	Boca Raton, Florida			
	City, State & Zip			
	Daytime Telephone number			
	info@boulangeriebeauty.com			
	E-mail address: (to be use	ed 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 corporatio	n shall be:	Boulangerie Inc		
2110 N	PAL OFFICE rincipal street address W 60th Circle n, Florida - 33496	Mailing ad	Idress, if different is:	
•	corporation is organized is: in any lawful act or activity for wh			
			2024 JIU	
ARTICLE IV SHARES The number of shares of sto			L 18 MY 9: WT	
Name and Title:	OFFICERS AND/OR DIRECTORS Garth Appelman, CEO & Direct	or.		
Address _		Address:		
Name and Title:_		Name and Title:		
Address		Address:		
_	· · · · · · · · · · · · · · · · · · ·			

Name and Ti	ile:	Name and Title:	
Address		Address:	_
	SISTERED AGENT a street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Cogency Global Inc.	w w	
Address:	115 North Calhoun Street, Suite 4	_	
	Tallahassee, FL 32301	_	2024
<u>ARTICLE VII INC</u>	<u>CORPORATOR</u>		2024 JUL 15 AM 9: 47
The <u>name and addre</u>	ss of the Incorporator is:		
Name:	Garth Appelman	_	ي جي اي
Address:	2110 NW 60th Circle	_	三年 5
	Boca Raton, Florida 33496	_	
<u>ARTICLE VIII </u>	FECTIVE DATE:		
	er than the date of filing: is listed, the date must be specific and cana		
	erted in this block does not meet the applicabive date on the Department of State's records		ts, this date will not be listed as
	as registered agent to accept service of proce familiar with and accept the appointment as r		
	Denise Wipper		7/15/2024
	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.

7/11/2024

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