

P240000666122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

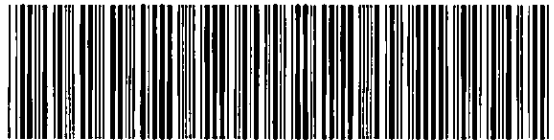
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 OCT 25 PM 2:47

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2024 OCT 25 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bijouterie Bebe Saran USA Inc

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

17- Pender's Printing - Tallahassee, FL 32301

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

2021 OCT 23 PM 3:47

COVER LETTER

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

SUBJECT: Bijouterie Bebe Saran USA 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

2024 OCT 25 11:04:17

FROM:

Maurice Robinson ^{or} Craig Robinson
Name (Printed or typed)

941 S. Orange Blossom Trail
Address

Apopka FL 32703
City, State & Zip

407-841-3504

Daytime Telephone number

mrobinscpa@yahoo.com

E-mail address (to be used 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 corporation shall be: Bijouterie Bebe Saran USA Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15502 Stoneybrook West Pkwy Ste 104-435
Winter Garden FL 34787

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Zenab Camara President</u>	Name and Title:	
Address	<u>15502 Stoneybrook West Pkwy Ste 104-435</u>	Address:	
	<u>Winter Garden FL 34787</u>		

Name and Title:		Name and Title:	
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Address		Address:	
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Name and Title:		Name and Title:	
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Address		Address:	
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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maurice Robinson
Address: 941 S Orange Blossom Trail
Apopka FL 32703

ARTICLE VII INCORPORATOR

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

Name: Zengb Camera
Address: 15502 Stoneybrook West Pkwy # 104-435
Winter Garden FL 34787

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-24-24 (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

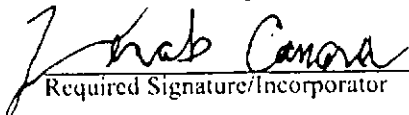


Required Signature/Registered Agent

10-24-24

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

10-24-24

Date