P96000056368

[redacted]

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. The Little Pony Boutique & Consignment, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

0496 12884

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

900001861859
-06/14/96--01026--003
*****70.00 *****70.00

	NEW FILINGS
X	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

69.75 tot

FILED
95 JUL -3 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials DMC 6/17/96

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 17, 1996

CORPORATE ACCOUNTING GROUP
5700 LAKE WORTH ROAD
SUITE 206
LAKE WORTH, FL 33463

SUBJECT: THE LITTLE PONY BOUTIQUE & CONSIGNMENT, INC.
Ref. Number: W96000012884

We have received your document for THE LITTLE PONY BOUTIQUE & CONSIGNMENT, INC. and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 496A00030081

ARTICLES OF INCORPORATION

OF

The Little Pony Boutique & Consignment, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
95 JUL -3 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Little Pony Boutique & Consignment, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

319 Belvedere Rd.
West Palm Beach, Fla 33405

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Florence Seepongyai
319 Belvedere Rd.
West Palm Beach, Fla 33405

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Michael Graham
5700 Lake Worth Rd Suite 208
Lake Worth, Fla 33463

Michael Graham

The undersigned has(have) executed these Articles of Incorporation this

10th day of June, 1996.

Signature of incorporator stated above.

X _____
Signature/Title

_____
Signature/Title

_____
Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: The Little Pony Boutique

A Consignment, Inc.

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96 JUL -3 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and office is:

Florence Seopongyai
319 Belvedere Rd.
(NAME)

(P.O. BOX NOT ACCEPTABLE)

West Palm Beach, Fla 33405
(CITY/STATE/ZIP)

SIGNATURE Florence Seopongyai
(corporate officer)

TITLE President & Registered Agent

DATE 6-10-96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

REGISTERED AGENT FILING FEE: $35.00