

P97000012711

TRANSMITTAL LETTER

FILED

97 FEB -7 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT:

Victoria's Closet Consignment Boutique  
(Proposed corporate name - must include suffix)

600002063516--9  
-01/21/97--01066--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

BONNIE CALHOUN

Name (Printed or typed)

12518 Westhampton Cir.

Address

Wellington, FL 33414

City, State & Zip

(561) 790-7179

Daytime Telephone number

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

WAT 2039  
PA 2/28/97  
2/7/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 28, 1997

BONNIE CALHOUN  
12518 WESTHAMPTON CIR  
WELLINGTON, FL 33414

SUBJECT: VICTORIA'S CLOSET CONSIGNMENT BOUTIQUE  
Ref. Number: W97000002039

We have received your document for VICTORIA'S CLOSET CONSIGNMENT BOUTIQUE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 097A00004299

W-(561) 478-4777

**ARTICLES OF INCORPORATION**

**FILED**

97 FEB -7 PM 3:48

*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.*

STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Victoria's Closet Consignment  
Boutique, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

12518 Westhampton Cir  
Wellington, FL 33414

**ARTICLE III SHARES**

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

2000 Shares of common stock. Par value 1.01 per  
Share

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

BONNIE CAIKOUN  
12518 Westhampton Cir.  
Wellington, FL 33414

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

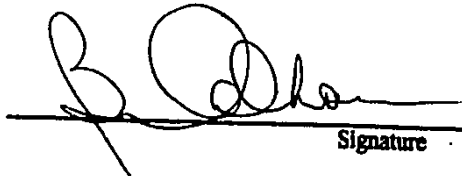
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BONNIE CALHOUN  
12518 West hampton Cir  
Wellington, FL 33414

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

16<sup>th</sup> day of January, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

97 FEB -7 PH 3:48

STATE  
TALLAHASSEE, FLORIDA

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 Victoria's Closet  
Consignment Boutique, Inc.
2. The name and address of the registered agent and office is:

BONNIE CALHOUN  
(NAME)

12518 Westhampton Cir  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Wellington, FL 33414  
(CITY/STATE/ZIP)

*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)

1/16/97  
(DATE)