

NO6 0000 11593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Mary Wilson GAVE

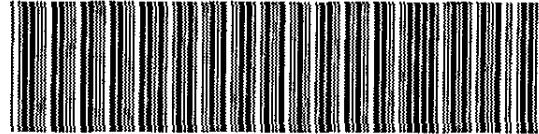
AUTHORIZATION BY PHONE TO

CORRECT Art VI

DATE 11/7/06

DOC. EXAM. YKSP

Office Use Only



000081282740

11/06/06--01007--004 \*\*70.00

FILED  
NOV 10 2006  
STATE  
CLERK

Ra

## COVER LETTER

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

SUBJECT: PET FIX PROJECT, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

MARY WILSON

Name (Printed or typed)

14939 WARD RD

Address

ORLANDO, FL 32824

City, State & Zip

407-857-2480

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED  
2007-05-01 1:15  
STATE  
OF FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

PET FIX PROJECT INC.

**ARTICLE II PRINCIPAL OFFICE**

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

14939 WARD RD. ORLANDO, FL 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NON-PROFIT EIN 42-1715464

LOW COST PET SPAY + NEUTERING

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

DIRECTORS APPOINTED BY PRESIDENT

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

MARY E. WILSON, PRESIDENT, 14939 WARD RD. ORLANDO, FL 32824

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

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

MARY E WILSON, 14939 WARD RD, ORLANDO, FL 32824

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARY E WILSON 14939 WARD RD. ORLANDO, FL 32824

\*\*\*\*\*

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.

Mary E. Wilson  
Signature/Registered Agent

11/3/06  
Date

Mary E. Wilson  
Signature/Incorporator

11/3/06  
Date