

PD5000076962

(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:

Office Use Only



500054901445

05/25/05 --01010--001 \*\*78.75

05 MAY 25 PM 3:00

B. McKnight MAY 26 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** Sergeant Scooper 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Katherine Leas

Name (Printed or typed)

114 Stone Gable Cir

Address

Winter Springs, FL 32708

City, State & Zip

407-327-7480

Daytime Telephone number

**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:

Sergeant Scooper Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

114 Stone Gable Circle  
Winter Springs, FL 32708

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage or transact in any and all lawful activities or business permitted under the laws of the United States and the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000 shares of common stock with a par value of \$1.00 per share

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

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

Christopher Clisson- President  
114 Stone Gable Circle, Winter Springs, FL 32708

Katherine Leas-Treasurer, Secretary  
114 Stone Gable Circle, Winter Springs, FL 32708

### **ARTICLE VI REGISTERED AGENT**

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

Katherine Leas  
114 Stone Gable Circle  
Winter Springs, FL 32708

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Christopher Clisson  
114 Stone Gable Circle  
Winter Springs, FL 32708

\*\*\*\*\*

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

Katherine Leas / Katherine Leas  
Signature/Registered Agent

5/20/05  
Date

Christopher Clisson / Christopher Clisson  
Signature/Incorporator

5/20/05  
Date

05 MAY 25 PM 3:00