

P07000126753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

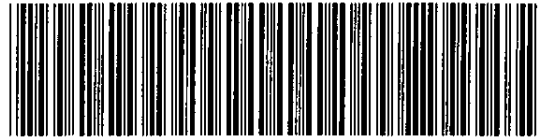
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DIANNE'S FAT CAT, 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

FROM: MARK MEGLER CPA

Name (Printed or typed)

159-2 HAMPTON POINT DRIVE

Address

ST. AUGUSTINE, FL 32092

City, State & Zip

(904) 230-4504

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:

DIANNE'S FAT CAT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

37 BRIGANTINE CT.

ST. AUGUSTINE, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RALPH WHITING

VICE PRESIDENT

37 BRIGANTINE CT

ST. AUGUSTINE, FL 32080

DIANNE BIRKEL

PRESIDENT

37 BRIGANTINE CT

ST. AUGUSTINE, FL 32080

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TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

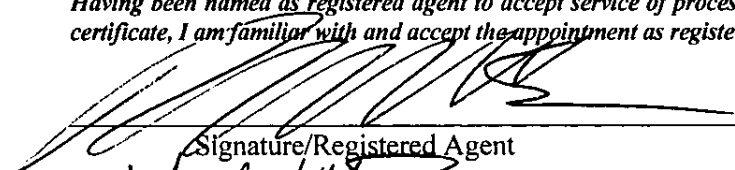
RALPH WHITING
37 BRIGANTINE CT
ST. AUGUSTINE, FL 32080

ARTICLE VII INCORPORATOR

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

MARK MEGLER CPA
159-2 HAMPTON POINT DR
ST. AUGUSTINE, FL 32092

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



Signature/Registered Agent

11/20/2007

Date



Signature/Incorporator

11/20/2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA