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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

[Handwritten signature]

COVER LETTER

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

SUBJECT: Perfect Pets Grooming Salon, 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: Barbara O'Brien

Name (Printed or typed)

1110 Overcash Drive, Bldg D

Address

Dunedin, FL 34698

City, State & Zip

727 - 738-8805

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:

Perfect Pets Grooming Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1110 Overcash Drive, Bldg D Dunedin, FL 34698

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pet grooming services.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara O'Brien 64 New York Ave. Dunedin, FL 34698 Owner

Larry O'Brien 64 New York Ave. Dunedin, FL 34698 Owner

ARTICLE VI REGISTERED AGENT

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

Michele Matarrese
1342 Sage Drive
Dunedin, FL 3468

*evamat@knology.net
please notify me of acceptance/rejection*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara O'Brien
64 New York Ave.
Dunedin, FL 34698

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]

Signature/Registered Agent

Barbara O'Brien

Signature/Incorporator

Barbara O'Brien

8/25/08
Date

8/25/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA