

P09000009088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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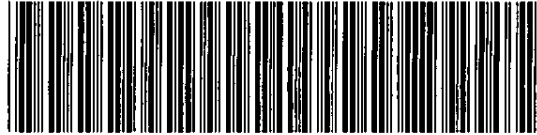
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JAN 26 P 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Poor Dog Concessions 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: Tim Anderson
Name (Printed or typed)

2109 Hyde Park Rd
Address

JACKSONVILLE, FL 32210
City, State & Zip

904-536-6912
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Poor Dog Concessions INC.

ARTICLE II PRINCIPAL OFFICE

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

Jacksonville, FL 32210

2109 Hyde Park Rd

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Concession

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):

Tim Anderson 2109 Hyde Park Rd Jacksonville FL 32210 Owner
Ivonne Anderson 2109 Hyde Park Rd Jacksonville FL 32210 Owner
Tim Anderson Ivonne Anderson

ARTICLE VI REGISTERED AGENT

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

2109 Hyde Park Rd Jacksonville, FL 32210

Tim Anderson

Tim Anderson

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

2109 Hyde Park Rd Jacksonville, FL 32210

Tim Anderson

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

Tim Anderson

Signature/Registered Agent

1-17-09

Date

Tim Anderson

Signature/Incorporator

1-17-09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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