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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BETTY BUBBLES PET GROOMING SERVICES CORP**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

BETTY BUBBLES PET GROOMING SERVICES CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

8650 SW 133 AV ROAD SUITE 121
MIAMI FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MOVIL PET GROOMING

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

BEATRIZ CASTRO P/D/T/100 SHARES
8650 SW 133 AV ROAD SUITE 121
MIAMI FL 33183

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

Address:

BEATRIZ CASTRO
8650 SW 133 AV ROAD SUITE 121
MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

BEATRIZ CASTRO
8650 SW 133 AV ROAD SUITE 121
MIAMI FL 33183

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

x *Beatriz Castro*

Required Signature/Registered Agent

02/22/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135, F.S.

x *Beatriz Castro*

Required Signature/Incorporator

02/22/2011

Date