P11000034372

(Requestor's Name)				
(
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/State/Zipir Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
WH=18083				
W11.				

Office Use Only



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03/28/11--01021--004 **78.75

SECREIANY OF STATE

11 APR -6 PM 3: 02



COVER LETTER

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

CUDIFCT.	Superior Pe-	+ Sitting Inc		
SUBJECT:	Superior Pet Sitting Inc (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)			
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and a check for:		
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
		ADDITIONAL COPY REQUIRED		
FROM: _	Sherry Nam 3242 N.	Lorence e (Printed or typed) W, 19th Street Address		
Cape Coral, Fl. 33993 City, State & Zip				
_	239-99	1-1603		
	Daytille	retephone number		
		ry a yahoo, com		
	E-mail address: (to be use	ed for future annual report notification)		

NOTE: Please provide the original and one copy of the articles.



March 30, 2011

SHERRY LORENCE 3242 N.W. 19TH STREET CAPE CORAL, FL 33993

SUBJECT: SUPERIOR PET SITTING INC

Ref. Number: W11000018083

We have received your document for SUPERIOR PET SITTING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of your corporation in Article I.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 711A00007760

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the con	NAME rporation shall be: Superior	Pet Si Hing	Inc.
ARTICLE II	PRINCIPAL OFFICE 3 Principal street address A 42 NW 19 th S Cape Cora F2.		address, if different is:
ARTICLE III The purpose for what Vacat	PURPOSE nich the corporation is organized is: 100 Sitting 1	Peth Sitting of the Pet	ng and S Homz.
The number of shar ARTICLE V	INITIAL OFFICERS AND/OR DIRE tle: Sherry Lorence Direction 3242 NW 1947		FILED FILED SECRETARY DETAILANASSEE FI
Name and Tit Address:	Cape Coral FL, 339	Name and Title: Address:	SH SH
Name and Tin Address:	tle:	Name and Title: Address:	
	REGISTERED AGENT rida street address (P.O. Box NOT accept Thomas Lorence 3842 NM 1947 5 Cape Coral FL.		
	INCORPORATOR ress of the Incorporator is:	33993	· .
	nd as registered agent to accept service of a familiar with and accept the appointment	process for the above stated corp	
	Required Signature/Registered Age		Date
	ment and affirm that the facts stated her partment of State constitutes a third degree		