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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL'AHASSEE, FLORIDA

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TOMERRY OF SIGN

141

COVER LETTER

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

SUBJECT: St. Francis Pet Shop, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)						
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
	•					
FROM:	Julie Marie	Plevce (Printed or typed)				
	8155 Nav	avrea PKwy				
•	· · · · · · · · · · · · · · · · · · ·	Address				
	Navarne, F	-L 32572 State & Zip	6			
		-396-7528				

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 The name of the	NAME St. Francis Pet Shop, I corporation shall be:	nc.		FILED
	ARTICLE II	PRINCIPAL OFFICE			44 ADO #=
		Principal street address			Idress in afference is all 3: 17
•		8155 Navarre Parkway		same as Princip	al-street address
	₹.	Navarre, FL 32566	•		ABLANASSELFICEDA
					A COMP. FI PAREN
	ARTICLE III	PURPOSE			
		which the corporation is organized is:			
	conduct full	line of business in the retail sale of per	ts and	l pet supplies	
					1
					`
		SHARES			
	The number of st	nares of stock is: 500			
•	ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	S		
		Title: Julie Marie Perce		e and Title:	
	Address:	8155 Navarre Parkway	_ Addı	ress:	
		Navarre, FL 32566	_		
		•	-		
	Name and	Title:	Nam	e and Title:	
	Address:				
			_		
	, 1		-		
	Name and	Title:	Nam	e and Title:	
	. Address:				
	•		_		
	•		_		
	ARTICLE VI	REGISTERED AGENT			
		lorida street address (P.O. Box NOT acceptable) of	the reg	istered agent is:	•
	Name:	Francine MacLeod		,	
	Address:	8155 Navarre Parkway	_		
		Navarre, FL 32566	-		
	ARTICLE VII	INCORPORATOR		•	
		ddress of the Incorporator is:			
	Name:	Julie Marie Pierce	_		
	Address:	8155 Navarre Parkway	_		
		Navarre, FL 32566	-		
		med as registered agent to accept service of process am familiar with and accept the appointment as reg			
	1)	100			. ,
	lan	une Ill och cot			3-24-4
	y y	Required Signature/Registered Agent			Date
				. نست شو	فقده عدي ورواو
ţ	I submit this doc	cument and affirm that the facts stated herein are	true. I	am aware that the f	alse information submitted in a
٠	wocamenrio ine l	Department of State constitutes a third degree felony	y as pro	viaca jor in 8.81 /.133	l, Γ.Δ.
	Jul.	TIMITARIA			3-24-17
_	- fun	Required Signature/Incorporator			Date
	11				