

P110000035930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

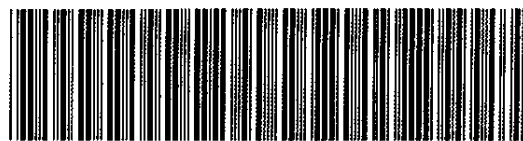
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



200200350752

04/11/11--01017--014 **35.00

04/04/11--01045--019 **43.75

Special Instructions to Filing Officer:

ANNETTE Catalano GAVE

AUTHORIZATION BY PHONE TO
CORRECT The ending suffix to Read INC.

DATE 4-13-11 AT 2:25pm

DOC. EXAM. S. Collins

Office Use Only

FILED
2011 APR 11 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

111000020636

SC
4-12-11

COVER LETTER

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

SUBJECT: Tiny Paws Puppies & Supplies

(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: Annette D Catalano

Name (Printed or typed)

1678 SE Port St Lucie Blvd

Address

Port St Lucie, FL 34952

City, State & Zip

(772) 344-5260

Daytime Telephone number

netsuzla@aol.com /

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 11 PM 3:30

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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: Tiny Paws Puppies & Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1678 SE Port St Lucie Blvd
Port St Lucie, FL 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Changing from a DBA to a Corporation. Do Any and all Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Annette D Catalano (President)</u>	Name and Title: _____
Address: <u>1458 SW Goodman Ave</u>	Address: _____
<u>Port St Lucie, FL 34953</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Annette D Catalano
Address: 1458 SW Goodman Ave
Port St Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Annette D Catalano
Address: 1458 SW Goodman Ave
Port St Lucie FL 34953

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

* Annette Catalano

Required Signature/Registered Agent

4/7/2011

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.817.155, F.S.

* Annette Catalano

Required Signature/Incorporator

4/7/2011

Date

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TALLAHASSEE, FLORIDA