

PI10000064418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

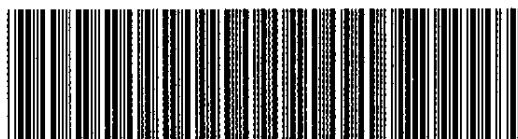
(Document Number)

Certified Copies _____

Certificates of Status _____

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2011 JUL 15 PM 2:30
SECRETARY OF STATE
FALL MASSACHUSETTS

FILED

SC
7-19-11

COVER LETTER

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

SUBJECT: **PAW POUND 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: **WITTOCK & ASSOCIATES, P.A.**

Name (Printed or typed)

2770 HORSESHOE DR S STE 7

Address

NAPLES, FL 34104

City, State & Zip

(239) 434-5818

Daytime Telephone number

DGFLINN6@YAHOO.COM

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

RECEIVED
TALLAHASSEE, FL
JUL 15 2011

2011 JUL 15 PM 2:30

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 PAW POUND INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

4670 ST CROIX LN

APT 632

NAPLES, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF ONE DOLLAR (\$1.00) PAR VALUE COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOUGLAS FLINN, PRESIDENT

Address: 4670 ST CROIX LN

APT 632

NAPLES, FL 34109

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: DOUGLAS FLINN

Address: 4670 ST CROIX LN APT 632

NAPLES, FL 34109

ARTICLE VII INCORPORATOR

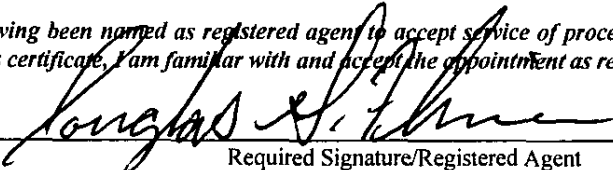
The name and address of the Incorporator is:

Name: GARY WITTOCK, CPA

Address: 2770 HORSESHOE DR S STE 7

NAPLES, FL 34104

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



Required Signature/Registered Agent

7/11/11

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.



Required Signature/Incorporator

7/8/11

Date

FILED
2011 JUL 15 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA