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(Requestor's Name)

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(City/State/Zip/Phone #)

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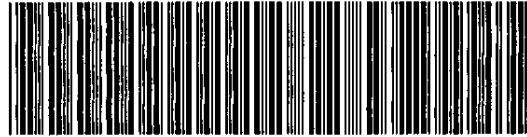
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TREASURY OF STATE
FILING OFFICE

J. Stivers SEP 20 2011

COVER LETTER

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

SUBJECT: Floriday Pet Cremation, 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: Glen C. Womble

Name (Printed or typed)

4740 Smithfield

Address

Melbourne, FL 32934

City, State & Zip

321-288-5605

Daytime Telephone number

gwomble@cfl.rr.com

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

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

2007 SEP 19 AM 10:30
FILED
TALLAHASSEE, FL 32314
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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: **Floriday Pet Cremation, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
692 Atlantis Rd. Suite 1
Melbourne, FL 32904

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any or all lawful business for which the corporation may be incorporated Under Chapter 607, Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of \$1.00 par value common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glen C. Womble, President	Name and Title: _____
Address: 4740 Smithfield	Address: _____
Melbourne, FL 32934	_____

Name and Title: Kathleen B Womble, VP	Name and Title: _____
Address: 4740 Smithfield	Address: _____
Melbourne, FL 32934	_____

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: **Glen C. Womble**
Address: **4740 Smithfield**
Melbourne, FL 32934

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Glen C. Womble**
Address: **4740 Smithfield**
Melbourne, FL 32934

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

Glen C. Womble
Required Signature/Registered Agent

9/16/11
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.

Glen C. Womble
Required Signature/Incorporator

9/16/11
Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA