

P11000091019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

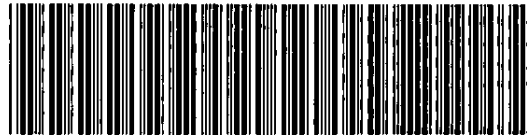
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/11--01028--005 **70.00

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2011 OCT 17 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch 087. 10. 2011

COVER LETTER

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

SUBJECT: My Best Friend's Inn & Grooming, 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

| | |
|---|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Karina Greenwood

Name (Printed or typed)

12349 Wasatch Court

Address

New Port Richey FL 34654

City, State & Zip

(727)488-4333 or (813)401-2511

Daytime Telephone number

kginkeywest@hotmail.com (or) jeannedalcherone@aol.com

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

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: **My Best Friend's Inn & Grooming, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
12349 Wasatch Court
New Port Richey, FL 34654

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Boarding, day care, grooming and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: **One thousand shares (1000)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Karina Greenwood, President**
Address: **12349 Wasatch Ct**
New Port Richey FL 34654

Name and Title: _____
Address: _____

Name and Title: **Jeanne Dalcherone, Vice President**
Address: **12349 Wasatch Ct**
New Port Richey FL 34654

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: **Jeanne Dalcherone**
Address: **12349 Wasatch Ct**
New Port Richey FL 34654

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Karina Greenwood**
Address: **12349 Wasatch Ct**
New Port Richey FL 34654

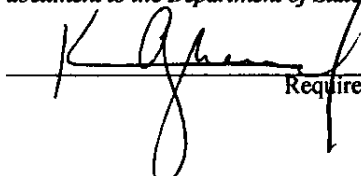
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

10/13/2011

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.


Required Signature/Incorporator

10/13/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA