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| (Requestor's Name) | | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J. Shivers DEC 28 2011

COVER LETTER

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

| SUBJECT: Ooh La La Pet Spa 🕍 | 1_, | | |
|--|--|---|------------------|
| (PROPOSED CORPORA | FE NAME – <u>MUST INC</u> I | LUDE SUFFIX) | - |
| Enclosed are an original and one (1) copy of the artic | les of incorporation an | d a check for: | |
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED | |
| the second second second second second | | | |
| FROM: Angela Tumlin | (Dolard | | |
| Name | (Printed or typed) | | |
| 6268 Plantation Bay Dr N | | <u> </u> | 20 |
| A | ddress | LAH | |
| Jacksonville, FI 32244 | State & Zip | ASSE | E F. F. 110EC 27 |
| 904-524-8707 | lephone number | E STORY CONTRACTOR OF STORY | ₹. |
| angietumlin@comcast.ne E-mail address: (to be used | tor 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 Ooh La La Pet Spa | a Inc. | |
|---------------------|---|--------------------------------------|---|
| The name of the co | orporation shall be: | | |
| ARTICLE II | PRINCIPAL OFFICE | | |
| | Principal street address | Mailing a | address, if different is: |
| | 6268 Plantation Bay Dr N | | |
| <u>نو</u> | lacksonville, Fl 32244 | | *************************************** |
| | | | |
| ARTICLE III | | | |
| to have a net | thich the corporation is organized is: grooming business(profess) | mal convection |) |
| to have a per | grooming business provides | a 20, 22, p. 101, 101, 10 | |
| | | | |
| | | | |
| ARTICLE IV | GIIADEG | | |
| The number of share | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | INITIAL OFFICERS AND/OR DIRE | | |
| Address: | itle:Angela Tumlin 6268 Plantation Bay Dr N | Address: | |
| | jacksonville, fl 32244 | | |
| | | | |
| Name and Ti | itle: | Name and Title | |
| Address: | | Address: | |
| | | | |
| | | | |
| Name and Ti | itle: | Name and Title: | |
| Address: | • | Address: | |
| | | | |
| | | | · · · · · · · · · · · · · · · · · · · |
| | REGISTERED AGENT | | ; <u></u> ; |
| The name and Flo | rida street address (P.O. Box NOT accepta Angela Tumlin | | |
| Address: | 6268 Plantation Bay Dr N | | |
| | jacksonville, fl 32244 | | |
| | • | | SA 2 |
| | INCORPORATOR Iress of the Incorporator is: | • | |
| Name: | Angela Tumlin | | |
| Address: | 6268 Plantation Bay Dr N | | |
| | Jacksonville, Fl 32244 | | |
| Having been name | ed as registered agent to accept service of | process for the above stated corp. | oration at the place designated in |
| | n familiar with and accept the appointment | | |
| 6 | | | |
| | ale lune | | 1/1/2012 |
| | Required Signature/Registered Age | nt | Date |
| I submit this docu | ment and affirm that the facts stated here | ein are true. I am aware that the | false information submitted in a |
| document to the De | epartment of State constitutes a third degree | e felony as provided for in s.817.1. | 55, F.S. |
| V 10 | $0 = \sqrt{2}$ | | |
| 0 MC | ell Illune | | 1/1/2012 |
| 0 | Required Signature/Incorporator | · | Date |

Effective Date: January 1,2012

Separate Article

Effective Date for Articles Of Incorporation is to be January 1, 2012.

Thank You,
Angela Tumlin
904-524-8707
owner

