

P12000004229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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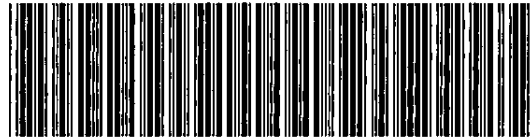
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 JAN 11 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: St. Francis Pet sitting Services, 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: Maureen Cedergren  
Name (Printed or typed)

2485 Reincy Ct  
Address

Oviedo, FL 32766  
City, State & Zip

847-409-7864  
Daytime Telephone number

mmcedergren@gmail.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: St. Francis Pet Sitting Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

2485 Rainey Ct.

Oviedo, FL 32766

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

pet sitting

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maureen Cedergren

Address: 2485 Rainey Ct.

Oviedo, FL 32766

President

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Keith Cedergren

Address: 2485 Rainey Ct.

Oviedo, FL 32766

Secretary

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: Maureen Cedergren

Address: 2485 Rainey Ct.

Oviedo, FL 32766

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maureen Cedergren

Address: 2485 Rainey Ct.

Oviedo, FL 32766

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

Maureen Cedergren

Required Signature/Registered Agent

1/3/12

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.

Maureen Cedergren

Required Signature/Incorporator

1/3/12

Date

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