Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION PET FRIENDS FOREVER, INC.

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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EMPIRE CORP KIT

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 750

SUBJECT: Pet Friends Forever, Inc.	
(PROPOSED CORPORATE NAME - M	UST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles of incorporation of \$70.00 \$78.75 Filing Fee & Certificate of Status & Certificate	\$87.50 Filing Fee,
FROM: Alan L. Gabriel, Esq. Name (Printed or type	
200 E. Broward Blvd.	ASICALIA 12 FEB
Fort Lauderdale, FL 33301 City, State & Zip	
954-763-4242 Daytime Telephone number	OR/ OR/
AGabriel@wsh-law.com E-mail address: (to be used for future ann	Ual report notification)

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

12 FFR 67

ARTICLE I The name of the co	NAME: Pet Friends Forever, in	nc.	IZIED -/ A!	4 5
	PRINCIPAL OFFICE Principal street address 1216 E. Atlantic Blvd. Sulte 6 Compane Beach, FL 33080		Mailing address, if different is:	
	PURPOSE Thich the corporation is organized is: awful purposes.			
he number of sha	SHARES res of stock is: 100			
Name and T Address:	INTITAL OFFICERS AND/OR DIRECTOR id: Alexes Lee Lugo, President 5495 NE 25th Ave. #400 Fort Lauderdale, FL 33308		itle:	
Name and T Address:	ide:Fellx A. Lugo, Jr., Vice President 5495 NF 25th Ave. #400 Fort Lauderdale, FL 33308	Name and T. Address:	itle:	
Name and T Address:	itle: <u>Patricia G. Lugo. Secretary/Treasure</u> 5495 NF 25th Ave. #400 Fort Lauderdale, FL 33308	er Name and T Address:		
	REGISTERED AGENT	_		
is <u>name and Flo</u> Name: Address:	ridu street address (P.O. Box NOT acceptable) o Alan L. Gabriel, Esq. 200 E. Broward Bivd, Suite 1900 Eort Lauderdale, Fl. 33301	-	हिन्ता 15:	
RTICLE VII ne name and ada Name: Address:	lees of the Incompositor is:	<u> </u>	>	
laving feen pam is certificate I a	ed as registered agent to accept service of process on familiar with anti-oficept the appointment as re-	ss for the above	stated corporation at the place designated l and agree to act in this capacity 1 1	in
1000	Required Signature/Registered Agent		2/7/12 Date	
	iment and affirm that the facts stated herein an epartment of State constitutes a third degree felor			a
- Char	Required Signature/Incorporator		2/7(13— Date	

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