## P1200007225/

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Wild Animal	Control, Inc.
(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status
	ADDITIONAL COPY REQUIRED
FROM: Ceorgia Name	Embick (Printed or typed) Adiantown, Rd #50-207
Jupiter F	1 33458 State & Zip
561-385 Daytime Te	-3608 elephone number
nancyhann E-mail address; ito be used	for future annual report notification)

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



RECEIVED 12 AUG 22 AM 10: 15

## FLORIDA DEPARTMENT OF STATE HASSEE, FLORIDA Division of Corporations

July 3, 2012

GEORGIA EMBICK 220 VENUS ST #4 JUPITER, FL 33458

SUBJECT: WILD ANIMAL CONTROL INC

Ref. Number: W12000035545

We have received your document for WILD ANIMAL CONTROL INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Are you filing a <u>profit</u> or non-profit corporation. Please call this office so we can direct you to print the correct form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 012A00018046

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

	In compnance with output	, , , , , , , ,	<u></u>
The name of the corporate	oration shall be: Wild Animo	al Control, -	Lnc.
	PRINCIPAL OFFICE Principal street address		ress, if different is:
	Frincipal street address		
ARTICLE III P	Jupiter FL 33458	<del>- SAY</del>	ne
The purpose for whi	ch the corporation is organized is:	•	
Any	ond all lawful k	ousiness	R AUG 22
The number of shares			or or File
	NITIAL OFFICERS AND/OR DIRECTOR		
Name and Title Address:	<sup>e</sup> Georgia Embick – P 6671 W. Indiantown Road #50-207 Jupiter, FL 33458	•	72
Name and Title Address:	e:	Address:	
Name and Title Address:	9:	_ Address:	
ARTICLE VI R	EGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) of Nancy Hanlon Associates, Inc.	the registered agent is:	
Ado	6266 S. Congress Avenue, Suite L5 Lantana, FL 33462 561-649-8535		
ARTICLE VII II	NCORPORATOR		
	ess of the Incorporator is:		
Name:	Georgia Embick – P		
Address:	6671 W. Indiantown Road #50-207 Jupiter, FL 33458		
Having been named	as registered agent to accept service of process	s for the above stated corpora	tion at the place designated in
	familiar with and accept the appointment as reg		
I has	- del		1/27/12
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are		
aocument to the Dept	artment of State constitutes a third degree felony	v as proviaeu jor in s.617.155,	8/18/12
$-\mathcal{N}$	Required Signature/Incorporator		Date
	required Signature/theorporator		Date