

P12000088142

(Requestor's Name)

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(City/State/Zip/Phone #)

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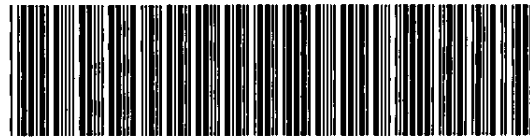
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 17 PM 2:10

10/18/12

COVER LETTER

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

SUBJECT: UNIVERSAL PET, 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: ADRIANA CAMPOS

Name (Printed or typed)

4581 SW FLORAL STREET

Address

PORT SAINT LUCIE, FL 34953

City, State & Zip

772-475-0735

Daytime Telephone number

ANDRYEANAS@HOTMAIL.COM

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

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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: **UNIVERSAL PET, INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

**4581 SW FLORAL STREET
PORT SAINT LUCIE, FL 34953**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL PET CLOTHING

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ADRIANA CAMPOS, PRESIDENT**

Address: **4581 SW FLORAL STREET
PORT SAINT LUCIE, FL 34953**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: **ADRIANA CAMPOS**

Address: **4581 SW FLORAL STREET
PORT SAINT LUCIE, FL 34953**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ADRIANA CAMPOS**

Address: **4581 SW FLORAL STREET
PORT SAINT LUCIE, FL 34953**

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

Adriana Campos
Required Signature/Registered Agent

9/24/2012

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.

Adriana Campos
Required Signature/Incorporator

9/24/2012

Date