

P13000053022

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

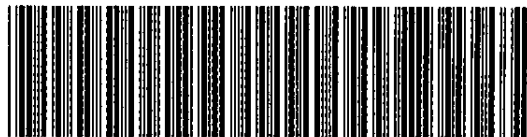
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900248399629

06/18/13--01006--012 \*\*78:75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 18 PM 1:36

6/19/13

**COVER LETTER**

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

SUBJECT: Precious Pawtraits, 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: Megan Rodriguez  
Name (Printed or typed)

5129 Dorian Avenue  
Address

Belle Isle, FL 32812  
City, State & Zip

407-415-1796  
Daytime Telephone number

MegankRodriguez@yahoo.com  
E-mail address: (to be used for future annual report notification)

FILED  
13 JUN 18 PM 1:36  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Precious Pawtraits, Inc.

13 JUN 18 PM 1:36

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5129 Dorian Avenue  
Belle Isle, FL 32812

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: pet photography

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Megan Rodriguez - President Name and Title: \_\_\_\_\_

Address: 5129 Dorian Ave Address: \_\_\_\_\_  
Belle Isle, FL 32812

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

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

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

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

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Megan Rodriguez  
Address: 5129 Dorian Ave  
Belle Isle, FL 32812

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Megan Rodriguez  
Address: 5129 Dorian Ave  
Belle Isle, FL 32812

*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*

Megan Rodriguez \_\_\_\_\_ 6/12/13  
Required Signature/Registered Agent 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.*

Megan Rodriguez \_\_\_\_\_ 6/12/13  
Required Signature/Incorporator Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUN 18 PM 1:36