

P 3000064273

(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



600250229426

07/31/13--01009--007 **78.75

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 31 AM 11:56

Ps sls/lv

COVER LETTER

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

SUBJECT: The Cultured Canine, 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 ☒ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lisa Flynn
Name (Printed or typed)
2035 Amanda Drive
Address
Sarasota, FL 34232
City, State & Zip
703-727-4732
Daytime Telephone number
lisaflynn@culturedcanine.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: The Cultured Canine, Inc.

13 JUL 31 AM 11:56

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2035 Amanda Drive

Sarasota, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N/A

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Flynn, President

Name and Title: _____

Address: 2035 Amanda Drive

Address: _____

Sarasota, FL 34232

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: 13 JUL 31 AM 11:56

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

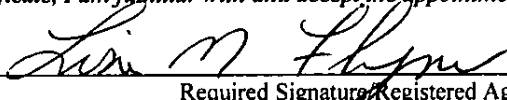
Name: Lisa Flynn
Address: 2035 Amanda Drive
Sarasota, FL 34232

ARTICLE VII INCORPORATOR

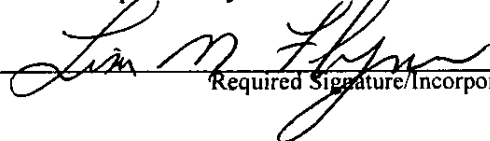
The name and address of the Incorporator is:

Name: Lisa Flynn
Address: 2035 Amanda Drive
Sarasota, FL 34232

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

 7/23/13
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.

 7/23/13
Required Signature/Incorporator Date