

P13000074788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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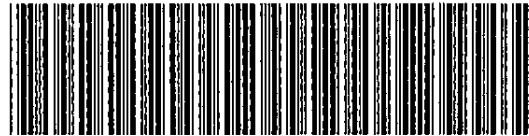
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/13--01017--016 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -9 PM 3:13

9/12/13

COVER LETTER

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

SUBJECT: Artistry Pups of SW Florida, 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: Elaine Brower

Name (Printed or typed)

7228 Pelas Circle

Address

North Fort Myers, FL 33917

City, State & Zip

239-292-1906

Daytime Telephone number

TBeardmore1@earthlink.net

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)

EFFECTIVE DATE 09/01/13

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ARTICLE I NAME

The name of the corporation shall be:

Artistry Pups of SW Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

13 SEP -9 PM 3: 14

Mailing address, if different is:

7228 Pelas Circle

North Fort Myers, FL 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To open up a new legal corporation in

the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D. Elaine Brower Manager

Address 7228 Pelas Circle

North Fort Myers, FL 33917

Name and Title: Arthur Brower Manager

Address: 7228 Pelas Circle

North Fort Myers, FL 33917

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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:

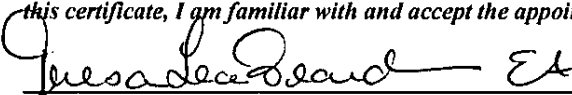
Name: Teresa Lea Beardmore EA
Address: 90 Pine Island Road Suite B
N Ft Myers, FL 33903

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Elaine Brower
Address: 7228 Pelas Circle
North Fort Myers, FL 33903

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


Required Signature/Registered Agent

9-4-13
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.


Required Signature/Incorporator

9-4-13
Date

ARTICLE VIII EFFECTIVE DATE

September 01, 2013

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