

P13000081910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

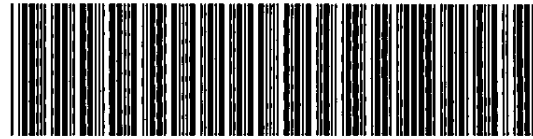
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/03/13--01005--015 **87.50

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13 OCT -3 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/4/13

COVER LETTER

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

SUBJECT: Fatty Dogs and More 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: Barbara A. Goitia

Name (Printed or typed)

535 West 76 street

Address

Hialeah, Fl. 33014

City, State & Zip

786 - 516 -1387

Daytime Telephone number

barbiegoitia@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Fatty Dogs and More Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

535 West 76 street

Hialeah, Fl. 33014

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Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For retail Food sales, food management sales and consulting.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara A. Goitia / President

Name and Title: _____

Address 535 West 76 Street

Address: _____

Hialeah, Fl. 33014

Name and Title: Fernando Farinas / Manager

Name and Title: _____

Address 535 West 76 street

Address: _____

Hialeah, Fl. 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

13 OCT -3 PM 12: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

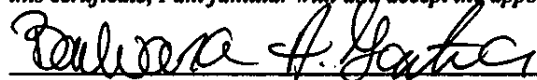
Name: Barbara A. Goitia
Address: 535 West 76 street
Hialeah, Fl 33014

ARTICLE VII INCORPORATOR


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

Name: Barbara A. Goitia
Address: 535 West 76 Street
Hialeah, Fl. 33014

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

<u></u>	<u>10/01/13</u>
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.

<u></u>	<u>10/01/13</u>
Required Signature/Incorporator	Date