

P/3000093943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

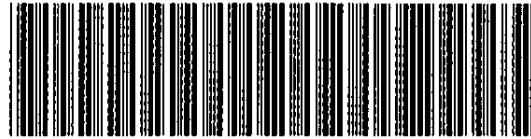
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200253923232

200253923232  
11/18/13--01046--005 \*\*70.00

RECEIVED  
13 NOV 18 PM 12:46  
DIVISION OF STATE  
REGISTRATION & CORPORATIONS

*[Handwritten signature]*  
11/19/13

**COVER LETTER**

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

**SUBJECT:** Caban Pet Sitting Co

(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:** Natasha Riveroll

Name (Printed or typed)

13783 SW 66th St Apt A109

Address

Miami, FL 33183

City, State & Zip

305-721-9096

Daytime Telephone number

natasha.riveroll@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)

SECRETARY OF STATE  
13 NOV 18 PM 12:46  
TALLAHASSEE, FLORIDA

**ARTICLE I    NAME**  
The name of the corporation shall be: Caban Pet Sitting Co

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address  
13783 SW 66th St Apt A109  
Miami, FL 33183

Mailing address, if different is:

**ARTICLE III    PURPOSE**  
The purpose for which the corporation is organized is: Pet Sitting

**ARTICLE IV    SHARES**    1  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>Natasha Riveroll</u>	Name and Title:	_____
Address	<u>13783 SW 66th St Apt A109</u>	Address:	_____
	<u>Miami, FL 33183</u>		_____
	_____		_____

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: Natasha Riveroll  
Address: 13783 SW 66th St Apt A109  
Miami, FL 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Natasha Riveroll  
Address: 13783 SW 66th St Apt A109  
Miami, FL 33183

*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*

NATASHA RIVEROLL 11-12-2013  
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.*

NATASHA RIVEROLL 11-12-2013  
Required Signature/Incorporator Date